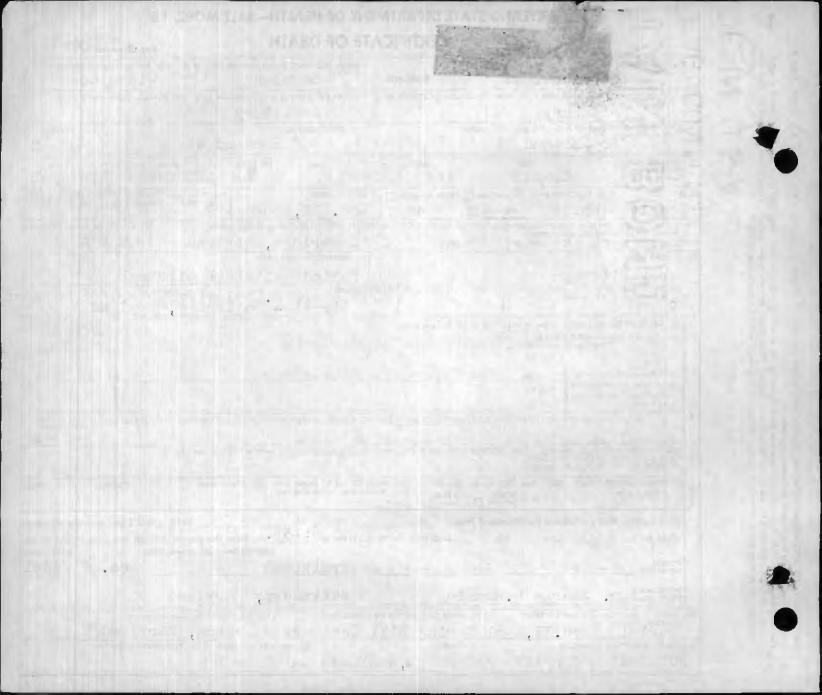
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or the		the a	Then	event
A ATTENDING PRISILIAN: THE TOW requires that the death certificate be executed within 24 at some death. Toge 4		ACTOR: After this certificate has been signed by the attending physician and campletely filled in the forestar,	d be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and build be filled with	prior to burial, cremation, or removal, and in any event within 72 hours after death.
¥ req	sicion.	een si	tisnor	buo .
INC IC	g phys	hos b	urial-tr	emavol
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AN INC	by the haspital ar attending physician.	his certi	use os	mation
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14596 CERTIFICATE OF DEATH

Reg. Dis1 14564

	ACE OF DEATH	comico	4 65	MARYL	AND	2. USUAL R o. STATE		Where decease	d lived. If instituti b. COUNTY	on: Residence	e before odn	nissian)
Ь.	RURAL and give ne	outside corporate lime orest town) Lisbury	its, write	c. LENGTH OF STAY I	N 16	c. CITY C		f outside corpo	prote limits, write R	URAL ond gi	ve nearest fo	own)
g	OR INSTITUTION	AL (If not in hospitol, s 6 Hammond	L St	oddress)		d. STREE	506	Hammo	nd St		ON	RESIDENCE I A FARM?
D	AME OF ECEASED ype or print)	CARR]	rsit	EMMA Middle	AI	AMS	Lasi	4. DATE OF DEATH	DECEM		8th	Yeor 19 61
5. SE	x 'emale	6. COLOR OR RACE	7. MAR	NEVER MARRIED NEVER MARRIED DIVORCED	-	NOV.		882	9. AGE (in years tast birthday)	Mapths (YEAR IF UN	
H	ouse Wol		done 10b.	None	INDU5	TRY 11. BIRTI	IPLACE (Sto		ountry)	12. CITIZ		AT COUNTRY?
	ATHER'S NAME					14. MOTHE	R'S MAIDEN	NAME	1			
Н	enry Fi	tzhugh				Mali			agh Fit			
15. V	VAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or date of s	CES? 16.	SOCIAL SECURITY NO.	17 MI	Sti	nard	S. Tay	lor(Daŭ	Thter Mary I)506 and	Hammor
		TH WAS CAUSED BY:	De	ne for (a), (b), and (c).]	Не	art Dj					INTERVAL ONSET AN	BETWEEN
	Canditions, if are gove rise to in couse (o), stoling thing couse lost.	nmediate (Ge	neralized	Art	erioso	leros	sis			0-12	yrs.
CERTIFICATION	77 5 5	ER SIGNIFICANT CON	DITIONS	ontributing to DEA				MINAL DISEAS	E CONDITION GIV	EN IN PART	PER	S AUTOPSY FORMED?
	POG. ACCIDENT WAS DR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter natur	e of injury i	n Part I ar Par	l II of ilem 18.)			
MEDICAL	Oc. TIME OF INJURY Hour o. m, p. m.	Month, Day, Ye	20d. If While of wor	Not while	loe. PLA foci	CE OF INJUR ory, street, of	Y IHome, fo fice bldg., e	rm, 20f. (City	or town)	(Co	ounly)	(Stole)
1	21. I certify the	at I attended the	deceas	ed from 9-	2 3	. 196	/_, to	12	-8, 1961	that I la	ast saw th	e deceased
	actual CONTRACTURE	George,	19. Al.	General Security		accurred o		ADDRESS (S	n the causes o	and an the stote)	c . S	pate signed /1961
7	HYSICIAN'S Dr.	. George	H. He	enning	1	Sai	XXXX	rxx Ma	aryland			
220.	BURIAL CREMATION REMOVAL (Specify) BUT1a1	Dec .11		Spring F					ston, M	or county) aryla	Ans.	late)
23. Ft	INERAL DIRECTOR'S			ADDRESS SALISBURY			24o. RE	C'D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	VATURE	



IN SPIRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executivitien 24 hours after the plant may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely d in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please amove carbon papers. Set I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. de MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14597 CERTIFICATE OF DEATH

1	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived,	If institutions Res	idence before adm	nission)
ı	Wicomico County	MARYLAND	. STATE Marv	rland b. co		en Anne	5
-	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corporete limits, w	-		
ı	write RURAL and give nearest town) Salisbury	63 days	Centre	ville	1	7V12.	
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS			0. 15 RESH	
1	Deer's Head State	Hospital	Route	#3		YES N	
2	3. NAME OF First DECEASED	Middle	Last	4. DATE Mo	onth [Dey Yeer	
	(Type or print) Mary	Etta	Allen	DEATH Decei	mber	4 196:	1.
1	5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	DATE OF BIRTH		ers IF UNDER 1 YE		
	Female Colored WIDG	WED DIVORCED	Dec 18 18	197 GR yrs.	77.0711110 -0	ys Hours	Min.
	10a. Ut JAL DCCUPATION (Give kind of work done of most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE Coun	nty & State, or foreign count	ry) 12. CI ZE	N OF WHAT CO	JNTRY?
1	O A boyer	Inmestic	Maryl	and	1/.) H.	
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		V- / /	
	William Handy		Mary	E. Gould			
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Addi	ress		
	(Yes, n., brunkown) (Ifyesgivewerordatesofservice)	213-22-6754					
1	18. CAUSE OF DEATH (Enter only one couse ;	per line for (e), (b), end (c).]			=	INTERVAL BETW	
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Terminal bronc	honneumonia			2 weeks	
1	4-71X DUE TO	Idinimal bidge	nofwemionra			11666	
1	Constitution II and I have been						
1	gave rise to immediate cause						
-1	(a), stating the underlying DUE TO						
1		CONTRIBUTING TO DEATH BUT NO	T PELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 10	a) 19 WAS ALL	OPSY
1	Parkinson's dise		THE PERSON	Will produce decimality		PERFORM YES X NO	AED?
1	E 200. ACCIDENT WAS UNDERLYING ☐ 2Db.	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II of Ham 1R I		LES WE INC	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIPTION HOOK! SCIENCE	tener notes of interv				
	6		CE OF INJURY (Home, farm		(County	(St	ete)
1	Hour s.m. Y	/hile Not While tect	ory, street, office bldg., etc	^y i			
1	21. I certify that (I) (this hospital) at	tended the deceased from	October 2.	19 67 toDecember	er 1 - 196	1. that (I) (w	e) last
1	saw the deceased alive on Decemb						
	22e. SIGNATURE	1 1	10:4		o one on me	22Ь. І	ATE
	V. UL	liles, M	States T e	MED. STAFF DIRECTOR PHYS. D	a	Dec. L.	196
ı	22c. PHYSICIAN'S			eer's Head St			المسر
1	NAME (Type) L. V. Mald	ve, M.D.	S	alisbury, Md.	vane uosi	TogT	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23g. NAME OF CEMETERY	The state of the s	23d LOCATION (City,		(State))
	13th (Specify) 12-7-61	Gould tour	n Pam	(entre il	To Rty	1 md.	
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25s. REC	C'D BY REGISTRAR 25b.	REGISTRAR'S SIG	SHATURE	
	Karen ROd 1:00	Pata not	PATEDE	EC 7 '61	Dettur 8. 4	Center	
1	July of the same	6 222					

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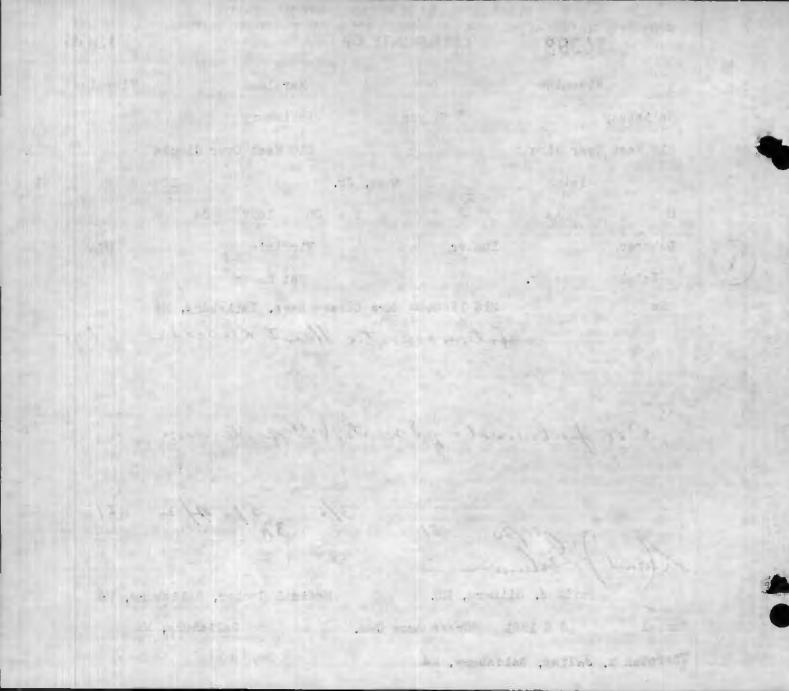
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after		neral	pluo	
ATTENDING PHYSICIAN: The law requires the the death certificate be execut		CTOR: After this certificate has been signed by the attending physician and completely ed in by the funeral	d 2 sh	Hite
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Page 1	'n.	' Ihe	ii.	remi
uiren	be retained by the hospital or attending physician.	ed by	pern	or I
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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14598 CERTIFICATE OF DEATH
14566

e. COUNTY	DATE					UNTY	nee boilete oumineer,
U. COOM!	Wicemico	MARYLA	a. STA	Maryla		Wicem	ice
b. CITY OR TO	WN (if outside corporate limit.				itside corporete limits,		
	L and give nearest town)		12				
Salisb		43 yrs	100	Salisbu	ry		I . IC DECIDENCE
d. NAME OF H	IOSPITAL OR INSTITUTION (II	not in hospilel, give street address)	d. ST	REET ADDRESS			e. IS RESIDENCE ON A FARM?
610 We	et Over circle			610 Was	t Over Cire	2.0	YES NO
3. NAME OF	First	Middle				onth Day	Year
DECEASED	7.0				OF DEATH		40
(Type or print)	Isiah	Aı	mes, Jr.			2 2	19 61
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In ye	Months Days	Hours Min.
M	AA	WIDOWED TO DIVORCED T	7 0	30 18		Months 0075	Hours Min.
	UPATION (Give kind of work	I 106. KIND OF BUSINESS OR IN	DUSTRY 11. BIRT			try) 12. CITIZEN	OF WHAT COUNTRY!
	of working life, even it retired						
Labore		Lumber		Virgini HER'S MAIDEN NA	8.	US	A
13. FATHER'S NA	ME		14. MOT	HER'S MATTEN NA	ME		
Teio	h Amar Can			37 - 4 95			
IS18	ED EVER IN U.S. ARMED FOR	CES? 14. SOCIAL SECURITY NO.	17. INFORMA	Not Kn	⊕WIL Add	ress	
(Yes, no, or unkow	n) (If yes give war or dates of se	rvice)					
No		216 18 2485 1	Ars Odess	a Ames,	Salisbury,		
18. CAUSE	OF DEATH [Enter only one	cause per line for (e), (b), and (c),]		11 .	-111 -		NTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY	ateriale.	otic 1	Lout	Klisens	e .	1-12-
00	IMMEDIATE CAUSE (a)		-1-12-1	1 (20-7-		-	1
147	DUE TO						
Conditions, i	fany, which \ (b)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	mmediale cause DUE TO						
	the underlying						
cause last.) (c)_				DISTACT COMPLETION	COUCH IN CART ST. 31	ID WAS ALITORSY
NO PART II	OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUI NOT RELATED	10 THE TEXMINAL	DISEASE CONDITION	GIVEN IN PART ((e)	PERFORMED?
1	or palm	inde is	sone	(trype	Newser	n	YES NO Z
200 ACCIDEN	NT WAS KNOERLYING	206. DESCRIBE HOW INJURY OC	CURED. (Enter net	are of injury in Parl	I or Part II of Item 18.)		
OR CONTRIBL	TING CAUSE OF DEATH						
	OTIFY MEDICAL EXAMINER)						
20c. TIME OF			Do. PLACE OF INJU	JRY (Home, farm, office bldg., etc.)	20f. (City or town)	(County)	(State)
Hour Hour	4-	While Not While at work	1001017, 311001,	/ Lines bidgit start [,		
			. 3/	6 10	57. 12/	2 - 1067	11-1-(1) () 1-1
		al) attended the deceased		724	, ,		that (I) (we) last
saw the d	eceased alive op	/3.0196.f, and	d that death o	ccured a.A.	M, from the caus	es and on the	date stated above
220. SUNA	TURE !	A					22b. DATE
XV2	1 125 /		ma cace	NDING MED	CTOR PHYS.	7	SIGNED
22c. PHYSIC		and of the same of	74.6.	ADDRESS			
NAME	(Type)		224.	ADDRESS			
	David J. (lilmore, MD.	1	edical G	enter, Sal	sbury. Md	
23e. BURIAL, CR	EMATION, 236. DATE THER				23d. LOCATION (City	, town or county)	(State)
REMOVAL (St	pecify)		0		C-74-b	. 1/2	
Burial	12 6 19		Gen.	25, 0500	Salisbur BY REGISTRAR 256.		ATURE
24 FUNERAL DIR	ECTOR'S SIGNATURE	ADDRESS					
Therntar	B. Jelley, S	fol i white Ma		DATE DEC	7 1 3 '61	arthur S. H	rails
		44 + 2 m (11 3, 1 4) 4					



SECTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executarithin 24 hours after the part of the may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, yigges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with 72 hours after death.

VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
14599	CERTIFICATE	OF DEATH	1	1567

	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where decees	ed livad, If in	nstitution: Resid	lance before	dmission)
		omi co	MARYLAND		land	b. COUNT	Carol	ine Co	
	b, CITY OR TOWN (if outs write RURAL and give	ide corporete limits, nearest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (I		limits, write	RURAL and giv	re neerest for	vn)
	Salisbury, M	aryland	2 yrs 4 mo.	Goldsb	oro		0.	5 X.	2
			in hospitel, give street address)	d. STREET ADDRESS					A FARM?
	Deer's H	ead State H	lospital					YES _	NOVE
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	D	by Yee	r
	(Typa or print)	Almira	-	Anthony	DEATH	Dec.	23	19	61
			ARRIED NEVER MARRIED 8	DATE OF BIRTH			IF UNDER 1 YEA		-
	Female (Colored win	OWED TO DIVORCED	4-2-1888	7	si birthday)	Months Dey	s Hours	Min.
10e	. USUAL OCCUPATION	Give kind of work	Ob. KIND OF BUSINESS OR INDUSTR		ty & State, or fore	gn country)	1 12. CITIZEN	OF WHAT	COUNTRY
90	Housewife	illa, aven it fatifed)	None	Maryla	and		U.S.	٨	
13.	FATHER'S NAME	-	110416	14. MOTHER'S MAIDEN	NAME	-	Uald		
	James	H. Morris		Alice	Wolford				
15.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address			-
[Ye	s, no, or unkown) (Ifyasg	ive wer or detas of service	7.50 05 04:00 7	н - н					_
-	No	W If ntar only one cause	179-26-2490 J par line for (a), (b), and (c).	ames L. "u	itchins	Gold	sboro	Mar	yLan
	PART I. DEATH WA							ONSET AND	DEATH
		DIATE CAUSE (a)	Arteriosclerotic	Gardovascula	ir diseas	ē		Years	
	2454	DUE TO						W.	
	Conditions, if any, wh	[10]	Arteriosclerosis	general				Years	
	geva rise to immadiate co (e), stating the underly	DELIC TO							
	cause last.	(c)							
Z	PART II. OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVE	N IN PART 1(a	19. WAS	AUTOPSY DRMED?
ATIC								YES T	NO A
CERTIFICATION	2De. ACCIDENT WAS U	NDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Pert II of i	tam 18.)			
1	OR CONTRIBUTING [] C. (IF EITHER, NOTIFY MED	ICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Hour e.m.		While Not While fact	CE OF INJURY (Home, larm ory, street, affice bldg., etc.		lown)	(County)		(Stefa)
X	p.m.	12	st work st work	Ass≈ 101.	F9 0-	~ 93	6		
	21. 1 certify that	(I) (this hospital)	attended the deceased from	Aug. 24,	1952, to De				
	saw the deceased	alive on Dec.	23, 19.61, and that	death occured at 1.	HWI, From th	e causes a	and on the		
	220. SIGNATURE	1, 1		ATTENDING A	WED.	STAFF &	20	- 1	SIGNED
		Vijuen	man "		DIRECTOR F	HYS.		-24-61	,
	22c. PHYSICIAN'S NAME (Type)	V. Juerma	man, M.D.	22d. ADDRESS	Deer's H			spital	
23:	BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, tow	n or county)	(:	ilete)
E	REMOYAL (Spacify)	12-27-6	l Union		Golds	horo-	Md.		
	FUNERAL DIRECTOR'S SI		ADDRESS	25a, REC	D BY REGISTRAS			NATURE	
17	8 75	0. 2	ton	Med . DATE DE	C 2 9 '61	1	Chun & to		
1	TE: ILUC	hand link of I I I	Carrier Co.	LINEY , I DATE		1			

TO SECOND COME L. TOURS AND ADDRESS OF THE PERSONS maint - 13-73-51 J. Berliew Hierallow, Mil-

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1/CAN

CERTIFICATE OF DEATH

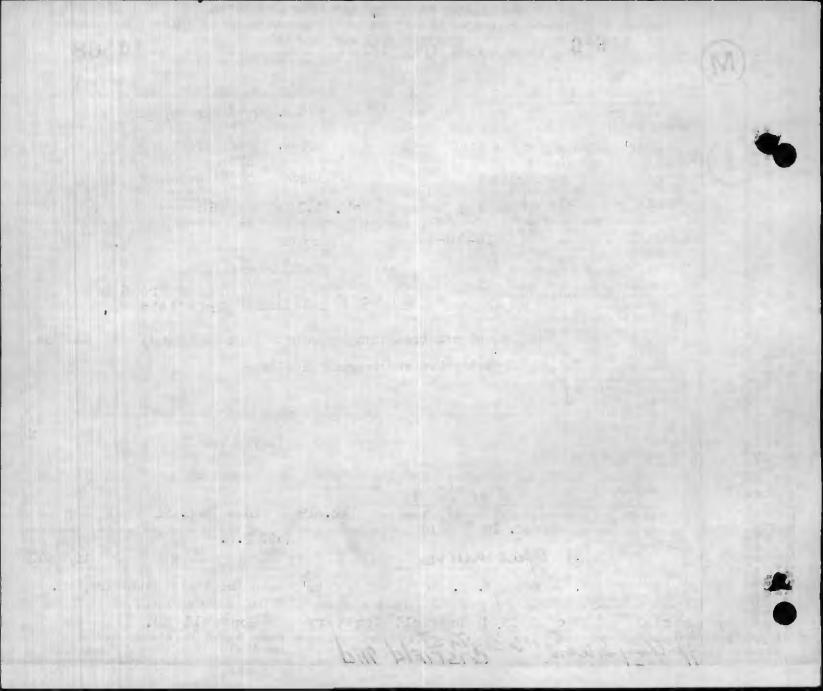
12000 Item 7	Film G305 1/1	5762 IWK		14.56	18
1. PLACE OF DEATH			E (Whare daceasad lived, If I	nstitution: Residen	ce before admission)
Wicomico .	MARYLAND	. STATE Maryl	and b. COUN	Y Somers	set
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporata limits, write	RURAL and give	nearest town)
Salisbury	5 days	946 W.	Broad Street,	Crisfiel	Ld
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS			. IS RESIDENCE
Deer's Head State Hospi	ital	West Control of the C	Broad Street	1939.2	YES NO
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Day	Year
(Type or print) Cordelia		Atkinson	DEATH Decem	ber 2h	1961
5. SEX 6. COLOR OR RACE 7. MARRIEI	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
Female Colored WIDOWE		eb. 1,1899	lest birthdey) 62 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stele, or foreign country)	12. CITIZEN C	F WHAT COUNTRY
SEAFOOD WORKER frelired) 21	5-10-2774	Maryland		U.S	
13. FATHER'S NAME	[1	4. MOTHER'S MAIDEN N	AME		
Edward Broughton	b .	- Annie Wa	nters		
	SOCIAL SECURITY NO. 17. IN	FORMANT	946 Address	road S	
(Yes, no, or unkown) (If yes give we ror deles of service)	Luc	ille Atkin	CON		
18. CAUSE OF DEATH (Enter only one causa per li			Crisfie	TO TITLE	TERVAL BETWEEN
DART I OFATH WAS CAUGED BY				10	SET AND DEATH
IMMEDIATE CAUSE (6) Rece	nt cerebral hem	orrhage with	left hemiple	ia -	21 days
DUE TO					
Conditions, if any, which \ (b) Hyper	rtensive cardio	vascular dis	ease		?
gave rise to immediate causa (a), stating the underlying DUE TO					
causa lest. (c)					
(6)	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	EN IN PART I(e)	
<u> </u>					YES NO 1
206. ACCIDENT WAS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURED.	Enfor nature of injury in Dr	art Lor Part II of item 18)		IES [] NO K
PART II. OTHER SIGNIFICANT CONDITIONS CON TO THE STREET CONDITIONS CONDITIONS CON TO THE STREET CONDITIONS CONDITIONS CON TO THE STREET CONDITIONS CONDI	CRIBE HOW INJURY OCCURED.	the nerate of injury in si	in to ren i or nem to.,		
3 20c. TIME OF INJURY Month, Day, Year 20d. 1		OF INJURY (Home, ferm,	20f. (City or town)	(County)	(Stala)
20c. TIME OF INJURY Month, Dey, Yeer 20d. 1 Hour a.m. While all worl	THOU THIND, THE	y, street, office bldg., etc.)			
		Dag 70 4	63 . 70-0	1. 4547	
21. I certify that (I) (this hospital) attend					
saw the deceased alive on Dec	19. O.L., and that	leath occured at	Mo from the causes	and on the d	ate stated above
220. SIGNATURE St. Ufuer		ATTENDING M	ED. STAFF		12/26/61 12/26/61
22c. PHYSICIAN'S	M.D	22d. ADDRESS			
NAME (Type) V. Juerman, M	. D.		ad Hospital;	Salisbur	y, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, lov	vn or county)	(Stete)
Burial Dec 31 1961	Hopewell Cer	metary	Hopewell M	D.	
24 FUNERAL DIRECTOR'S SIGNATURE	- TOOPRESS.	/ 25e. REC'	D BY REGISTRAR 256. REC		
Whileham & Ward of 21	The FIELD A	TEL DATE JAN	2 162 C.1	Elwa S. Head	44
	1 1-3 1 1 1 1				

ed in by the funeral ges 1 and 2 should after death. SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the hospital or attending physician.

TO FUNZRAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withing 72 hours VR A15 (4) 15M 9/60

Thin 24 hours after.

9



AARYLAND STATE DEPARTMENT OF HEALTH

hysician and complete bed in by the funeral remove carbon papers. Ages 1 and 2 should any event, within 72 hours after death.

ING PHYSICIAN: The law requires that the death certificate be executed by the hospital or attending physician.

In the hospital or attending physician.

In the hospital has been signed by the attending physician and complete there has as the burial-transit permit. Then please remove carbon paper of the prior to burial, cremation, or removal, and in any event, within 72.

VR A1S (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Kes a COUNTY b. COUNTY by the and 2 sedeath. Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN, If outside corporate limits, write RURAL and give neerest town] c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Cambridge 5-Salisbury 11 mo. 21 da. ed ir d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO Pine Bluff State Hosnitaml NAME OF DECEASED OF (Type or print) DEATH c Pritchett Bayliss December IF UNDER 24 HRS. 16. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5 SEX AGE (In years FUNDER 1 YEAR 8 DATE OF BRIH ğ last birthday) Months | and Davs Female Sent. 8, 1897 WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? remove done during most of work no life, even if rehred) 16 any Crab Ficker Scafood Packing Dorchester County, Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please <u>)</u>E, affending pue Daniel Pritchett Clara Hooner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give werordates of service) Records of Pine Bluff State Hospital 63 217-05-8028 18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchial Asthma g physic signed l 6 mo. IMMEDIATE CAUSE (a) certificate has been signer on the barial-transit prior to burial, cremation DUE TO gave rise to immediate cause DUE TO (a), stelling the underlying ceuse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? Pulmonary Tuberculosis NO K 200. ACCIDENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) After this (Stele) 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20t, (City or town) (County) factory, street, office bldg., etc.) While Not While at work el work DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from Dec. 27. , to Dec. 18 , 161, that (I) (we) last 22b. DATE 22a. SIGNATURE SIGNED dward P. Ritching 12/18/6 DIRECTOR X PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Edward P. Ritchings Pine Bluff State Hospital, Salisbury, Md 230, BURIAL, CREMATION, 236 DATE THEREOF | 23c, NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) REMOVAL (Specify) Dec.20,1961 Burisl Dorchester Memorial Park Cambridge. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DDEC 2 6 '61 Within S. Thous 15M 9/60





STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY STATE COUNTY CCOMACK MARYLAND b. CITY OR TOWN (if outside corporate I mits, and E LENGTH OF STAY N 16 c. CITY OR TOWN (if outside corporete | mits, write RJRAL and give nearest town) write RURAL and give nearest town) 20/13 burg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF DECEASED OF (Type or print) DEATH 5. SEX 7. MARRIED NEVER MARRIED N. B. DATE OF BIRTH 9. AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. fast birthday) Months | Days WIDOWED [20 physician 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) 13. FATHER'S NAME attendir The ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17 INFORMANT [Yes, no, or unkown] | (If yes give war or dates of service 18. CAUSE OF DEATH JEnter only one cause per line for (a , (b , and (c) þ ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (18) 19. WAS AUTOPSY PERFORMED? NO [208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of njury in Port I or Part II of item 18.) 20d. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 2Df. (City or lown) 20c. TIME OF INJURY (County) Month, Day, Year While factory, street, office bldg., etc.) Not While at work at work 196/ to 12-/ 196/ that (1) (we) last , and that death occurred at J. J.M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) rector, 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 25a REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Christ S. France 15M 9/60



YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution a. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporete ,imits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata lamits, write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress ON A FARM? YES NO W RECEMBE OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF JNDER 24 HRS. 9. AGE (in years IF UNDER 1 YEAR last birthday) Months Dec. 27.1885 WIDOWED T 10e. USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Size, or fore an country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Laborer | Mill work U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME TOIS Monneville Margaret Avdelotte 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unkown) (Ifyesgivawarordatasofsarvice) Edward Aydelotte, Pocomoke IB. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) geva rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO [20b. DESCRIBE HOW IN, URY OCCURED, (Enter neture of in ury in Part I or Pent I of item 18.) 20a. ACCIDENT WAS JNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 200 PLACE OF INJURY (Home form. (Steta) 20c. TIME OF INJURY 20f. (City or town) (County) Month, Dey, Yeer factory, streat, office bldg., etc.) Not While While at work 21. I certify that (I) (this hospital) attended the deceased from December 21. 19 ft. to be seemed to 19. ft. that (I) (we) last saw the deceased alive on Determine 26 19 61, and that death occured at 1.23 M, from the causes and on the date stated above. 22b. DATE 22e SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stata) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Halls Hill Cem. Pocomoke City . Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 JURERAL DIRECTOR'S SIGNATUR **ADDRESS** Crisin & France

funeral

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A15 (4)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH L. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution) a. COUNTY b. COUNTY Dorchester Wi.comi.co County the MARYLAND by th b. CITY OR TOWN (if ouls de corporate limits, E LENGTH OF STAY IN 16 c. City OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give negrest town 110 days Rhodesdale Ξ. Salisbury ges d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO complete 3. NAME OF Middle 4. DATE Month Year carbon-paper 7 DECEASED FOYCE Curtis December Louis (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR and July 29, last birthday) Months Male WIDOWED 反 DIVORCED (event. 10a. USUAL OCCUPATION (Give kind of work remove 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or foreign country) . 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Delaware U.S.A. Farming Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending addication Adeline Hastings 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) Mrs. Beatrice Morris, Federalsburg, Md. RFD No Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Generalized arteriosclerosis with nephrosclerosis MMEDIATE CAUSE (e) burial-fransit DUE TO affending Conditions, if eny, which After this certificate has been (b) gave rise lo ammadiata cause DUE TO (a), steting the underlying cause lest. use as the PART H. OTHER SIGNIF CANT CONDIT ONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDIT ON G VEN IN PART 1(8); 19. WAS AUTOPSY PERFORMED? Adenogardinoma of the prostate with metastasis NO CERTIFIC 200. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part) or Part 1 of item 18.) DIRECTOR: After may OR CONTRIBUTING [1] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY (Stata) Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. Not While at work at work p.m. Sept. 6. 19 61 to Dec. 25. 19 61 that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from. ...19.61 saw the deceased alive on 22e. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. MD. 22c. PHYSICIAN'S 22d. ADDRESS Deer's Head State Hospital NAME (Type) Lee L. Lawry, Salisbury, Maryland 23e. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Dec.29, 1961 Eldorado, Dorchester Co., Md. Burial Eldorado Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) DATE JAN 2 arthur & Trains 15M 9/60 J. J. Framptom and Son, Federalsburg, Maryland



W. PRESTON STREET, BALTIMORE 4, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) e. COUNTY **b.** COUNTY WICOMICO MARYLAND b, C,TY OR TOWN (if outside corporate him is, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) DALISDUKY d. NAME OF HOSPITALOR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS HOSPITA J. NAME OF DECEASED complet DEATH Jecombee (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR last birthdey) WIDOWED -DIVORCED physician TDe, USUAL OCCUPATION (Give kind of work гетоме 106, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME AIZY AND MOTHER'S MAIDEN NAME ğ ROOKS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unkown) [ifyes give wer or detes of service] BROCKS - 1-1241 + 1 AND ANDERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: Ihrom bosis IMMEDIATE CAUSE (0) CE VE Dira DUE TO Vascular Disease Conditions, it eny, which gave rise to immediate cause **DUE TO** (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6). 19 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Year 2Dd, INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, . 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (i) (this hospital) attended the deceased from 12-3... saw the deceased alive on. 17-27 19.61, and that death occured at 13.6M, from the causes and on the date stated above. ATTENDING STAFF X PHYS. DIRECTOR PHYS. 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) director, p 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specity) OI 256. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) william S. House 15M 9160

MARYLAND STATE DEPARTMENT OF HEALTH

a. 15 RESIDENCE ON A FARM?

YES NO

19 6/

JE UNDER 24 HRS.

Hours

ONSET AND DEATH

1 INOILD.

WAS AUTOPSY PERFORMED? NO F

22b. DATE

(Sleta)

SIGNED

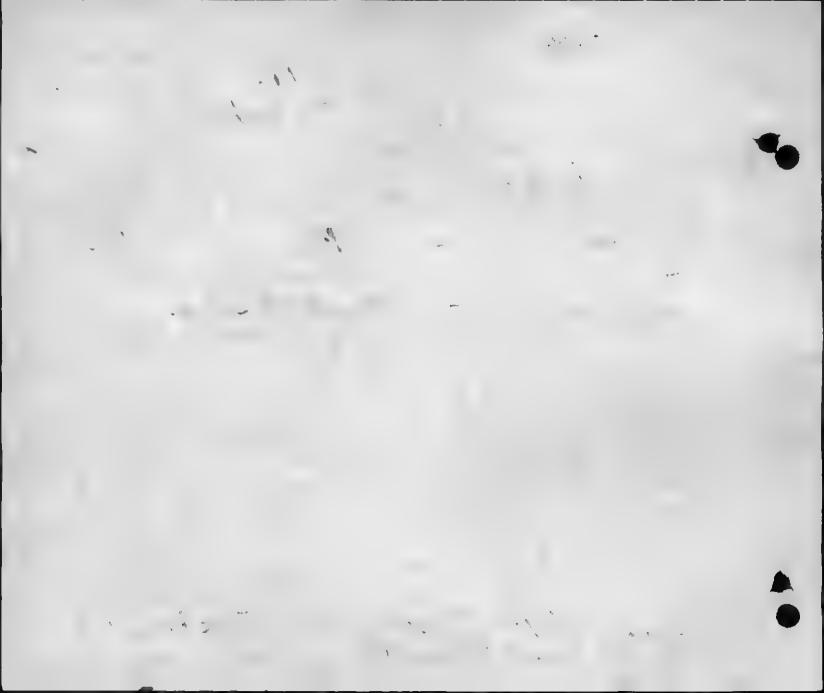
12, CITIZEN OF WHAT COUNTRY?

Months

(County)



DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If a. COUNTY b. COUNTY Com MARYLAND c CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) b, CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 DUR e. IS RESIDENCE OF HOSPITAL OR INSTITUTION (if not in hospita, a ON A FARM? YES NO 4. DATE Month Day DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX NEVER MARRIED X 00 last birthday] WIDOWED DIVORCED 10a. USUAL OCCUPAT ON (G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CETIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FATHER'S NAME MOTHER'S MAIDEN NAME 굽 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 1 17 (Yes, no, or unkown), (Ifyesgivewar ordates of service 18. CAUSE OF DEATH lEnter only one cause INTERVAL BETWEEN per line for (e), (b) and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) physic DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause fast. it e h PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? 5 0 NO F 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) 2Dd. :NJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Slata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work Othis hospital) attended the deceased from... 19(e), and that death occured all. M, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22a SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYS CIAN'S NAME (Typa) 23a BURIAL, CREMATION, 23b NAME OF CEMETERY OR CREMATORY (State) 10 25a. REC'D BY 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A15 [4] 15M 9/60 Critica S. Kines



FOR STATE Page 1 and 727 Office FO Examiner cremation, writing the word 'e Chief Medical Ex Page 3 should be t 20 MEDICAL EXAMINER: This Page 3 r CIOR: should be forwarded FUNERAL DIRECT ecute the designated please e 40 6

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5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) Wicomico Marvland MARYLAND C. LENGTH OF STAY IN 16 Salisbury Salisbury . d. STREET ADDRESS

e. COUNTY b. COUNTY Wicomico b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? Pen Gen Hospital Winder Street YES NO T 3. NAME OF Middle 4. DATE OF FRED (Typa or print) CANNON DECEMBER 5th 19 DEATH S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. last b rthdey) 73 yrs. Months Male WIDOWED [DIVORCED TY Oct.23,1888 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Retired - Seaman Salisbury, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Cannon Emma(Unk) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs.Gladys C.Truitt(Niece)523 Winder St (Yes, no, or unkown) | (If yes give wer or detes of service) Unk Salisbury, Maryland 18. CAUSE OF DEATH |Enter only one cause per /pe for (e), (b), and (c).] INTERVAL BETWEEN OMSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART IL OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,011 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of .tem 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 1/20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Not While factory, street, office bldg., etc.) el work et work 21. I certify that I took charge of the remains described above, held an Autopsy Diology X Inspection and in my opinion death resulted from. Natural causes Accident -Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Dr. Earl L. Royer DEPUTY MEDICAL EXAMINER e Salisbury Md Address (Street, city, town, or county)
22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION C Camden 220, BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Dec.8.1961 Parsons Cemetery Salisbury, Maryland 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY.MARYLAND DATE



DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plnous 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on) . COUNTY . b. COUNTYb. CITY OR TOWN (if outside corporate limits, e econuce 12 F MARYLAND and TOWN (If outs' de corporate limits, wr'te RURA), and give nearest town) c. LENGTH OF STAY IN 16 Write RURAL and give naerast town) 15 BUR d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, g ve street address STREET ADDRESS . IS RESIDENCE ON A FARM? YES THE NO NAME OF 4. DATE Des Year Month DECEASED OF (Type or print) DEATH ECEMBER 0 19 6. 6. COLOR OR RACE 17. MARRIED T NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BRITH last birthday) Months DIVORCED physician 0 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working I la, avan if retired) Q/ any 13. FATHER'S NAME ding ā WAS DECEASED EVER IN L.S. ARMED FORCES? (Yas, no, or unkown) (.fyas g'va war or datas of sarv'ca) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immediate cause DUE TO (a), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in usy in Part I or Part II of item IB.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTR BUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 20 1961, that (1) (we) last 21. | certify that (I) ((his hospita)) attended the deceased from....... M, from the causes end on the date steted above. 19 (c.) and that death occured at saw the deceased alive on.... DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. PHY5. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stata) 23c. NAME OF CEMETERY OR CREMATORY MAOVALe (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) Ceretary of Trace 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

funeral

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CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before admission) e COUNTY **b.** COUNTY VICEDIN MARYLAND 90 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outside corporate I mits, write RURAL and give nearest lown) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a va streat address) . IS RESIDENCE ON A FARM? YES NO NO NAME OF 4. DATE DECEASED OF (Type or print) DEATH 5FX AGE In years | IF UNDER I YEAR NEVER MARRIED last buthday Months WIDOWED T physician 10a. USUAL OCCUPATION (G ve kind of work гетоме 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) please ding 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. INFORMANT (Yes, ng, or unkown) | (If yes give war or dates of service) 18 CAUSE OF DEATH [Enter only one cause per ine for (a), (b,, and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate cause DUE TO (a), stating the underlying cause last. 9 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO V 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. GESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.) IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Oay, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work at work to. saw the deceased alive on.... 22b, DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHY5 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) RIMOVAL* (Specify) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60



FOR STATE **IIIMLTH DEPT** by is necessary, director, Page for your files. malth, is necessary, E IO please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full direction with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full direction with form PM3. Page 5 may be retained for 3 thould be forwarded to the Chief Medical Examinar's Office along with form PM3. Page 5 may be retained for 3 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 burs after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14612 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH	The state of the s		2. USUAL RESIDE	VCE (Where daceased	livad, If institution.	kesidanca before admiss on)
	a. COUNTY	Wicomi	CO MARYLAND	a. STATE Ma	aryland	b. COUNTY	
	b. CITY OR TOWN (.F	outside corporate I mits,	c. LENGTH OF STAY IN 16	Water Committee of the	(if outside corporate Li	nits, write RURAL a	nd give nearest town)
	wr ta RURAL and s	lisbury			nount		1
-			of In hospital, g ve streat addrass)	d. STREET ADDRESS			- To TE RESIDENCE
	Peninsul	a General	Hospital	Lower H	Hill		ON A FARM?
3.	NAME OF	First	Middle	Last	4. DATE	Month	Day Year
	DECEASED (Type or print)	Suzan	Clfe	ag.	OF DEATH	12	-29-6119
<u>γ</u> 5.	SĒX	6. COLOR OR RACE 7.		. DATE OF BIRTH		(In years IF UNDER	1 YEAR IF UNDER 24 HRS.
V	F	rie l	1	av 25 1809	72	rthday) Months	Days Hours Min.
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13,	FATHER'S NAME		-	14. MOTHER'S MAIDEN	NAME		
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(10	s, no, or unkown) (if)	sas å i va Mal Ot dajaz ot sal A		ERLIE O.	COOLER		
	18. CAUSE OF DE	ATH [Enter only one ca	use par line for (a), (b), and (c).]				INTERVAL BETWEEN
		WAS CAUSED BY: AMEDIATE CAUSE (a)	Acute congesti	ve heart	failure		Hours
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ME	p.m.	19	at work at work				
	21. I certify that	it I took charge of t	he remains described above, he	ld an Autopsy	Inspection .X	Inquiry X	and in my opinion
	death resulted fr	om. Malural caus	es X Accident , Suic	de 🔲, Homicide	, Undetern	nined manner	
		150		CHIEF MEDICAL	EXAMINER [
	ACTUAL SIGNATURE	con [· Ky	M.D.	DICAL EXAMINER		DATE SIGNED
	EXAMINER'S	Earl L.	Royer M.D.		AL EXAMINER X	12.	-29-61
2 2	NAME (Typa)	LI 22b. DATE THEREOF	mden Ave Sal	Labited Single	acity, town, or county)		
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14581

VISION (9F	STATISTICAL	RESEARCH AND	RECORDS,	301 V	V. PRESTON	STREET,	BALTI
	1	4613	CERT	IFICATE	OF	DEATH		

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20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) Hour a.m. p.m. 19 et work et work et work et work et work 21. I certify that (I) (this hospital) attended the deceased from NOV 2 1,1601, to Dec 3 1,1901, that (I) (we) last saw the deceased alive on Dec 3 1,1901, and that death occurred at M.M. from the causes and on the date stated above. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) L. V. Maldve, M. D. 23d. ADDRESS NAME (Type) L. V. Maldve, M. D. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (city, town or county) (Siele) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	8	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	ISEASE COND TION GIVE	N IN PART I(e): 19. WAS AUTOPSY
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Hour a.m. p.m. 19 While et work lectory, street, office bidg., etc.) 21. I certify that (I) (this hospital) attended the deceased from NOV 2, 1901, to DeC 3, 1901, that (I) (we) last saw the deceased alive on DeC 9 3	8	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
21. I certify that (I) (this hospital) attended the deceased from NOV. 2, 1901, to Dec. 3, 19.01 that (I) (we) last saw the deceased alive on Dec. 3	S				of, (City or town)	(County) (Slate)
saw the deceased alive onDec., _3	MED.	p.m. t 19 et we	rk el work			
saw the deceased alive onDec., _3	1	21. I certify that (I) (this hospital) after	ided the deceased from	NOV. 2 1901	., to Dec. 3	, 19.63, that (I) (we) last
226. SIGNATURE 226. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. Z 12/4/61 226. PHYSICIAN'S NAME (Type) L. V. Maldve, M. D. 226. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Z 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Z 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Z 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Z 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Z 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Z 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Z 25b. REGISTRAR'S SIGNATURE 246. BURIAL, CREMATION, 23b. DATE THEREOF PHYS. Z 25b. REGISTRAR'S SIGNATURE 256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	ш	saw the deceased alive on Dec 3	19.61 and that	death occured atM	, from the causes a	nd on the date stated above.
22c. PHYSICIAN'S NAME (Type) L. V. Maldve, M. D. 23d. ADDRESS Deer's Head Hospital; Salisbury, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Dic. 7. 1001 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS ADDRESS 25b. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDRESS 25c. REC'D BY REGISTRAR'S SIGNATURE	П			12:30 1	•M•	22b. DATE
NAME (Type) I. V. Maldve, M. D. Deer's Head Hospital; Salisbury, Md. 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spacify) DCC. 7, 1001 ADDRESS A	П	1: Wale	Ly M.	DIESE DIRECT		12/4/61
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REMOVAL (Specify) DLC. 7. 1001 ADDRESS ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS		Haldve,	M. D.	Deer's Head	Hospital; S	Balisbury, Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	23	e. BURIAL, CREMATION, 235. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 236	LOCATION (City, fowr	or county) (Stelle)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE		Dec. 7. 1001	The said links	LE Complete	Tast Maria	dut Maryland
J. J. Framptom and Son, Federalsburg, Maryland DADEC 6 '61 Common & Trans					REGISTRAR 25b. REGI	STRAR'S SIGNATURE
		J. J. Framptom and Son, F	ederalsburg, Ma	ryland DADEC 6	'61 Cura	or S. France

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY be filed MARYLAND funeral b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) plood d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION NAME OF 4. DATE First Middle Month Day Year DECEASED campletely filled death. DÉATH Pages (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years S. SEX MARRIED -NEVER MARRIED dest birthdoy) offer Months Days Min Hours WIDOWED 🗘 DIVORCED | yrs. papers. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE/Islate or foreign country) 12. CATIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo carbon 14 MOTHER'S MAIDEN NAME 13 FATHER NAME 17, INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address aftending please INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the **DUE TO** ģ Candilions, if any, which permit (b) haspital or attending physician After this certificate has been signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. buriol-transit ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? crematian, YES NO 🗷 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) as the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Month, 20d. INJURY OCCURRED (Stote) Day, Year (County) factory, street, office bldg., etc.) Hour o.m. While Nat while ot work 🔲 at work p. m. 21. I certify that (I) (this hospital) attended the deceased fram....... 19_6./_, that (1) (we) last detached . 19_6/, and that death accurred at 5.M. from the causes and an the date stated above saw the deceased alive on. DIRECTOR: 22b DATE 22o. SIGNATURE SIGNED PHYS. DIRECTOR | PHYS 16 22c PHYSICIAN'S 22d ADDRESS 3 shauld NAME (Type) ARMORE TO FUNERA page 3 sh the State | DATE/THEREO 23c NAME OF CEMETERY OF CREMATORY 23da LOCATION (City, BURIAL, CREMATION. laws. or county) (Stote) SPMOVAL (Specify) 250. REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)

after death. Page

15M 9/59



AARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY b. COUNTY a. STATE CCMICC MARYLAND MARYLAND . WICOMICO C. CITY OR TOWN (If outside corporate I mils, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) SONS BURG e. IS RESIDENCE d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? WAINWRIGHT YES NO ENINSUL 3. NAME OF DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B. DATE OF BIRTH IF UNDER I YEAR | IF UNDER 24 HRS. AGE (in years last birthdey) Months Hours D VORCED | June WIDOWED [940 10e. USUAL OCCUPAT ON (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State, or fore gin country) 112. CITIZEN OF WHAT COUNTRY? Mot. or USA 13. FATHER'S NAME 14. MOTHER S MA DEN NAME Lemuel Groop er Ella Bish 00 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown] : (Ifyesgivewerordetesofservice) Crooper Parsonsburg. Ruth E. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMED ATE CAUSE (a) DUE TO Conditions, if any, which (6) geva rise to Immediate cause **DUE TO** (a), stating the undarlying PART J. OTHER S.GNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Φ PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While lectory, street, office bldg., etc.) While Hour a.m. af work at work 21. I certify that (I) (this hospital) attended the deceased from. ___, lo, 19....., that (I) (we) last 219 (), and that death occured at 1535M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a, SIGNATURE **ATTENDING** MED. STAFF SIGNED BIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23e. BUR AL, CREMATION, 23b. DATE THEREOF Bethel 0 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTORIS SIGNATURE VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

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YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4.4 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) a. COUNTY files. Health, Maryland Wicomico 6. COUNTY Wordester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) director. c. LENGTH OF STAY IN 16 weste RURAL and give meerest town) ŏ Snow Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS m. IS RESIDENCE ON A FARM? Peninsula General Hospital Route YES NO EXAMINER: This certificate should be executed within 24 hours after death. If X tale, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the two the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained the Chief Level As a need as a herial transit permit. File pages 1 and 2 with the States. 3. NAME OF Month Year DECEASED OF hours after d Robert Davis (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months | Days WIDOWED | 1. BRYHPLACE (State 883 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 13. FATHER'S NAME pages | within WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORM (Yes, no, of unknown) | (If yes give wer or detes of service) Kathryn D. Cording Phila. 28, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), berial-transit p concussion: Pneumothorax-right MMEDIATE CAUSE (a) removal, DUE TO Conditions, if eny, (b) gave rise to immediate cause cure the certificate, writing the word "pending" to forwarded to the Chief Medicel Examiner's DUE TO (a), stating the underlying ե cause lest. cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19. WAS AUTOPSY PERFORMEDZ. NO 20b. DESCRIBE HOW INITIRY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) 20s. EXTERNAL CAUSE WAS age 3 shot to burial, 4 PRIMARX or CONTRIBUTING Driver of car involved in two car collision. CAUSE OF DEATH Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stets) Not While W Route # 12 Mđ. forwarded to the C Snow Hill Wordester 12-9-61 While 21. I certify that I took charge of the remains described above, held an Autopsy ... _Inspection and in my opinion Accident 1 death resulted from. >> Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR PUNERAL 12-13-61 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Lisbur Kadres (Geel, city, fown, or county) plnous Camde 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Methodist Cemeter ₽.40 246. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATUR 23. FUNERAL DIRECTOR VS. A15ME arthur S. Kroses 5M 7/59



AARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 14619 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY **b.** COUNTY VICCMICO WORCES MERVIEND b City OR TOWN (if outside corporete Limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate (imits, write RURAL and give nearest town) write RURAL and give necrest town) ALISBURY ON A FARM? YES NO NAME OF DECEASED OF (Type or print) DEATH 19 IF UNDER NEVER MARRIED lest birthday) WIDOWED X DÍVORCED T physician 12. CITIZEN OF WHAT COUNTRY? any ding pleas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFOR or unkown) 1 (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 1 Si ac IMMEDIATE CAUSE (e) DUE TO gave rise to immediate course **DUE TO** (e), steting the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM/NER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18) 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. at work at work رميس, to....., 19...., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 22b. DATE 220. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 236. BURIAL, CREMATION, 1 23b. DATE THEREOF 5 P 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JAN 8



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14620	CERTIFICATE OF	- DEATH	14588	3
LACE OF DEATH COUNTY Wicomico	MARYLAND 2 USUAL 0. STA	RESIDENCE (Where deceased In	h COLINTY	efare admission)
CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) UP31) Parsonsburg	IGTH OF STAY IN 16 C CIT	Y OR TOWN (If autside carporate Parsonsbii)	4 -	nearest town)
I. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R. D.# 2	d. STR	R.D.# 2		on a farm? YES NO
IAME OF First ECEASED Type or print) FIARY	Middle HESTER DOW		Month DECEMBER 3	Oth 1961
Female White WIDOWED	DIVORCED B DATE OF	y 15,1881	AGE (In years last birthday) 80 yrs.	
JSUAL OCCUPATION (Give kind of work dane 10b KIND of during most of working life, even if retired) House Work at Home ATHER'S NAME	None W	IRTHPLACE (State or foreign cour 1 COM1CO CO. M: THER'S MAIDEN NAME		S A
John Henry Parsons WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL TO OF UNKNOWN) (If yes, give wor or data of service) No	SECURITY NO. W. INFORMANT	ena M.Lemon rtrude Denni arsonsburg, M	s(Daughter)R aryland	.D.# 2
1B. CAUSE OF DEATH [Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)		luin	11	NIERVAL BETWEEN
Canditians, if ony, which gave rise to immediate cause (a), stating the <u>under-</u>				
lying cause last.				

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO W

20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of ilem 1B) (IF EITHER, NOTIFY MEDICAL EXAMINER)

al wark

20c. TIME OF INJURY Manth. Doy, Year 20d. INJURY OCCURRED d. m. White Nat while

20e. PLACE OF INJURY (Hame, farm, 20f (City or lown) factory, street, affice bldg, etc.)

from the causes and on the date stated above.

(County)

and that death occurred ar the/deceased alive ar 22a GNAJURE

236 DATE THEREOF

21. I certify that (I) (this hospital) attended the deceased from

ATTENDING PHYS MED DIRECTOR 22d. ADDRESS

STAFF

SIGNED

M.Beardsley

ol wark 🔲

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

22b DATE

(Stole)

REMOVAL (Specify) 1962 an

HOLIOWAY & COMPANY

Cemetery(Wallston 25a. REC'D BY REGISTRAR

24. FUNERAL DIRECTOR'S SIGNATURE

PHYSICIAN'S

230 BURIAL, CREMATION,

PLACE OF DEATH a. COUNTY

Rura]

NAME OF

S SEX

DECEASED

(Type or print)

13. FATHER'S NAME

No

CATION

CERTIF.

MEDICAL

b. CITY OR TOWN (If autsid

John Henry 15 WAS DECEASED EVER IN U

ADDRESS SALTSBURY MARYLAND

256, REGISTRAR'S SIGNATURE

VR ATS (4) TSM 9/59

TO FUNERAL

page 3 shavid by



AND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH I. PLACE OF DEATH a. COUNTY comico MARYLAND b. CITY OR TOWN (if outside corporete lim ts, c. LENGTH OF STAY IN 16 wite RURAL and give neerest fown) -ALISBUR d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) 3. NAME OF Midd e 4. DATE DECEASED OF DEATH (Type or print) DATE OF BIRTH 5. SEX 7. MARRIED THEYER MARRIED pue WIDOWED DIVORCED physician ove 10b. KIND OF BUSINESS OR INDUSTRA ^ue MOTHER please ding 16. SOCIAL SECURITY NO. (Yes, no, or unkerth) (If yes give wer or detes of seprice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c,) PART I. DEATH WAS CAUSED BY MMED ATE CAUSE . 6) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse **DUE TO** (e), stating the underlying reinoma couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 0 CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While et work at work 21. 1 certify that (1) (this pospital) attended the deceased from. saw the deceased alive on. De.C. 22a, SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. FUNERAL ADDRES5 22c. PHYSICIAN'S NAME (Type) ector, i 23a4 BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 0 ADDRESS VR A15 (4) 15M 9/60

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before adm. 5310n) b. COUNTY nonce TOWN If outside corporete limits, write RURAL end give necrest town) a. 15 RESIDENCE ON A FARM? YES A NO Month Dey AGE (In yeers | IF JNDER I YEAR IF UNDER 24 HRS. bighdey) Months 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) (County) (State) CC. 22, 196/, that (I) (we) last 22b. DATE SIGNED 23d LOCATION (City, town op-sounty) (State) Orthur S.



- 1	j.	ľ	MARYLAND STATE DEPARTMENT OF HEALTH
- 1		/	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- 60 A	X	_	Item 9 Film 6302 12/8/61 iwk 14590
funeral should	M		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission)
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by the			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town)
트 - 등			alishury. Berlin
is after	4 .	12	d. NAME OF HOSP.TAL OR INSTITUTION (if not in hospita., give street address) d. STREET ADDRESS d. STREET ADDRESS o. 15 RES DENC ON A FARM
d wil		1,6	NAME OF First Middle Last 14. DATE Month Day Yast
cute plete			DECEASED , OF ,
exe com n hin			THOMAS LOTT
be arboarban		1	Maria ta winowen I Illing 16, 1868 (a) Months Days Hours Min.
ate an a re c		10	USUAL OCCUPATION Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
rtific sicis		do	Retired Welding Tool Mfg. Pennsylvania USA
h ce phy se re n an			FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ing di	T	ш	Jerome Earl Mary Lewis
tend ten p	(\perp)		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address a, no, or unknown [[liyes give war or dates of service]]
at the let all the		1,	XX XX 119-18-8574 Robert J. Earl Berlin, Md. RFD
s the			18. CAUSE OF DEATH [Enter only one cause per ingfor (a), (b) and (c).)
ysici ysici yd b yd b per			PART I, DEATH WAS CAUSED BY: CELESTING (Cost rection Hays
red Phy Ign Insit			S' 7 C , Soule to
law ding en s l-tra			Conditions, if any, which (b)
The Hender Straight S			gava rise to immediate cause (a), stating the underlying DUE TO
Ar and he be buria		_	cause last. (c)
IAN tal cate cate as til	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
SIC ospi artifi ser ior		FICA	208. ACCIDENT WAS UNDERLYING [] 206. DESCR BE HOW INJURY OCCURED. (Enter nature of injury 'n Part I or Part II of 'tam 18.)
HY He he is ce for u		CERTIFI	208. ACCIDENT WAS UNDERLYING 208. DESCRIBE HOW INJURY OCCURED. [Enter helder of injury in Part 1 of Part in 1 am 46.] [OR CONTRIBUTING CAUSE OF DEATH [Iff EITHER, NOTIFY MEDICAL EXAMINER]
ed the		1.	20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Affe by Affe b		MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.}
aine de de pt. c		×	p.m. 19 at work at work
E to Canal			21. I certify that (I) (this hospital) attended the deceased from 12/1, 19 to 12/2, that (I) (we) is saw the deceased give on 12/2, and that death occurred at 8.5%, from the causes and on the date stated about
A A BECOUNT			saw the deceased alive on
O S S S S S S S S S S S S S S S S S S S			X and Litume M.D. ATTENDING MED. STAFF SIGN
page 3 with the	1	6	22c. PHYSICIAN'S 22d. ADDRESS
N S	- 1		NAME (Type) /
HOS ath. FUNE ector, filed		23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY UCCAN VIEW, Del.
L FOBO			Burial 12/5/61, Bethel Ocean View, Del.
VR A15 (4)		24	FUNERAL DIRECTORS SIGNATURE ADDRESS 2 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60		1	Filer Whaley Selliquelle Del, DATDEG 6 '61 Chilmy & thous
		_	



TREET, BALTIMORE 1, MARYLAND OF DEATH . PLACE OF DEATH a. COUNTY WICOMICE C6/2216 0 MARYLAND b. CITY OR TOWN (if outside corporate I mits, E. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs da corporate limits, write RURAL and give nearest town) SALISBUM d. NAME OF HOSPITAL OR INSTITUTION (F not in hospital d STREET ADDRESS IS RESIDENCE ON A FARM? 3. NAME OF DATE Month DECEASED OF (Typa or print) DEATH Deepin be 196 and cor carbon IF UNDER 24 HRS. Just bighday) Months W DOWED 10a. USUAL OCCUPAT ON (G'va kind of work 10b. KIND OF BUSINESS OR NOUSTRY 12. CITIZEN OF WHAT COUNTRY? past of working life, even if ratired) 13. FATHER'S NAME DECEASED EVER IN U.S. ARMED FORCES? or unkown) | (tyes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? NO [206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCR BE HOW IN. URY OCCURED (Enter nature of injury in Part t or Part tl of Item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 200, PLACE OF INJURY (Homa, farm, 2Df, (City or town) (State) (County) While Not While factory, streat, office bldg., atc.) Hour a.m. at work af work p.m. to /2- /3 19.6/that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 12 - 196 saw the deceased alive on.......19 E.J., and that death occured at D.D.M., from the causes and on the date stated above. 22a. SIGNATURE ATTENDING 19 PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS/ 23a. BURIAL, CREMATION, | 23b. IZIId. LOCATION (City, town or county) O F & ISA. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR(S, SIGNATURE VR A15 (4) ar hur & Kruss 15M 9/60 T. Saher



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, if institution: Residence before adm ssion) 1. PLACE OF DEATH a. COUNTY b. COUNTY WICOMICO NICOMICO MARYLAND b. C.TY OR TOWN (if outside corporate limits, c. CITY OR TOWN(if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 50/156414 d NAME OF HOSPITAL OR INSTITUTION (finof in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO A DECEASED (Type or print) carbon it, withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers HE JNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthdey) Months and WIDOWED [DIVORCED [na 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT EDNAELLIS - DELMAR-41 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOWINJURY OCCURED, (Enter neture of nitry in Port I of Pert I. of ilem 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BLATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey. Year | 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) factory, street, office bldg., etc.) While __Not While et work et work, and that death occured at 2...AM, from the causes and on the date stated above. saw the deceased alive on 220. AUGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. Rucel PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, pb filed w 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slata) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DEC 2 8 '61 15M 9/60



MARYLAND STATE DEPARTMENT OF REALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14625 CERTIFICATE OF DEATH

14593

`\ I		
1	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed I'vad, If institution: Residence before admission)
Λ	WARYLAND MARYLAND	STATE BUSINESS B. COUNTY
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
ı	write RURAL and give neerest lown]	11 C
1	MANE OF HOSPITAL OF BISTITUTION (1)	d. STREET ADDRESS
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
V	TO HELD A CARROLL TOOK TOOK	AEZ NO
j	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Mill PEN PENKS	FURNIS DEATH FURNICE DE 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.
		jest birthdey) Months Devs Hours Min.
		August 5, 1901 60 yrs.
ľ	dona during most of working life, even if retired	
	House Work at Home None	Salisbury, Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John W. Evans	Julia E. Evans Evans
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Samuel J. Evans (Brother) 1002 S. Divis-
	(Yes, no, or unkawn) (Hyesgive were reference)	ion St. Salisbury, Maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).,	INTERVAL BETWEEN
i		ONSET AND DEATH
ı	IMMEDIATE CAUSE (6) Extensive 15 X	ateral Meremenia
	490 X DUE TO 110 00	
	Conditions, if any, which (b) Welseella -	Dusperted 4 days.
	geve rise to immediate cause OUE TO	
	(e), steting the underlying	
4	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY
1	E	PEREORMED?
i	5 Chime Felial Disease	YES NO [
	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW NURY OCCURED OR CONTRIBUTING 2005 OF DEATH	. (Enter neture of injury in Fatt I of Patt II of Hem 18.)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) ory, street, office bidg., etc.)
	Hour a.m. While Not While at work at work	ory, street, write order, order
		12/20 196/, to 12/25 , 196/, that (1) (we) last
		death occured at
	220. SIGNATURE	ATTENDING / MED STAFF AGENCE
		.D. PHYS. DIRECTOR PHYS. Dec. 25,1961
	21c. PHYSICIAN'S NAME (Typo)T	22d. ADDRESS DICE PO SCIEDO MI
	NAMDW.Joseph C. Fitzgarald	- HINE BLUFF MORD , DALISBURY, 1119
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) Burial - Dec. 28, 1961 Parsons	Cemetery Salisbury, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		VI.AND DATE 28'61 arthur & Krous

n by the funeral and 2 should after death. 4 hours after TO HO.

OR ATTENDING PHYSICIAN: The law requires that the death certificate Ee execu≡d we death may be retained by the hospital or attending physician.

TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pue filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. VR A15 (4) 15M 9/60

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

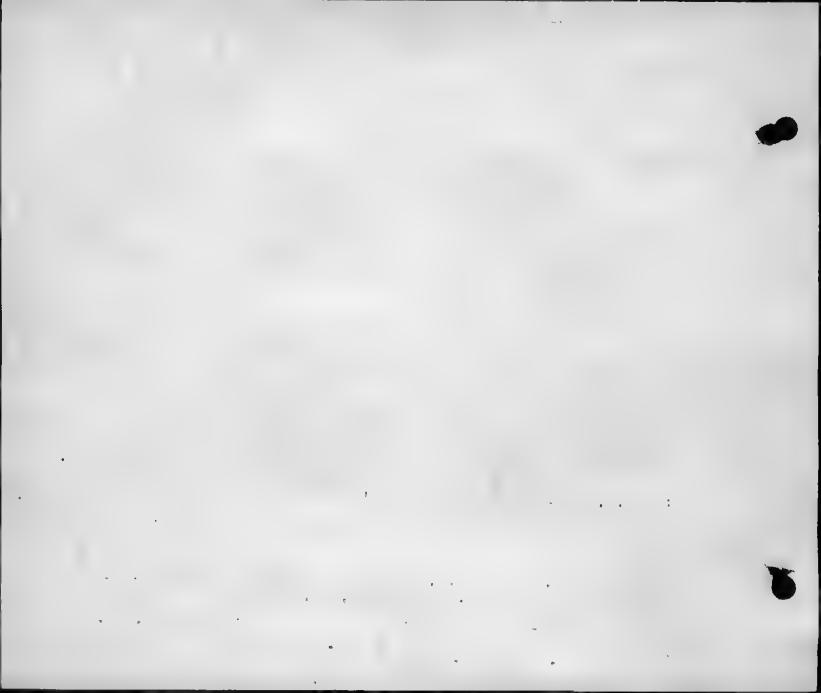
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14594

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss of							
a. COUNTY Wicomico MARYLAND	a. STATE Maryland b. COUNTY Somerset							
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Salisbury 142 days	Rhodes Point 19X.							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS o. IS RESIDENCE							
Deer's Head State Hospital	RFD ON A FARM? YES NO E							
3. NAME OF First M.ddla DECEASED	Last 4. DATE Month Dey Yeer							
(Type or print) Warren Melvin	Evans Dec. 22 19 61.							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (IN 1908 IF UNDER 1 YEAR IF UNDER								
Male White WIDOWED DIVORCED J	fune 8, 1882 Jast birthday Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Waterman Seafood	Rhodes Point, Maryland USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Washington B. Evans	Adeline Evans							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (liyesgive war ordales of service)	INFORMANT Address							
No None Mr	s. Nellie Marsh, Rhodes Point, Md.							
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: Cerebral thrombosis with hemiplegia 2 yrs								
DUETO								
Generalized Ante	eriosclerosis 10 yrs							
geve rise to immediate cause	10 713							
(e), steting the underlying DUE TO								
causa last. (c)	WARD THE ACT OF THE WARD HOW TO THE TOTAL THE							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?							
<u> </u>	YES NO X							
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury In Pert I or Pert II of tem 18.)							
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stefe)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not While fee at work all work all work	clory, street, office bldg., atc.)							
	Aug. 2 , 1961, to Dec. 22 , 19 61 that (I) (we) last							
	at death occurred at manM., from the causes and on the date stated above.							
22e. SIGNATURE	22b, DATE							
Last falled	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 12/22/61							
22c. PHYSICIANIA	22d. ADDRESS							
NAME (Type) Lee L. Lawry, M. D.	Deer's Head Hospital; Salisbury, Md.							
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	BIDIAL CREMATION 123h DATE THEREOF 122 NAME OF CEMETERY OR CREMATORY 123d IOCATION (City fown or county) (Stele)							
Purial (Specify) 12/24/61 Rhodes Point	ME Cemetery Rhodes Foint, Md.							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Bradshaw & Sons, Crisfield, Md.	DAMPEC 2. 7 161 Calling & House							
	13 Bell 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							



Division of STATISTICAL RESEAR W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH
2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before edmission) 1. PLACE OF DEATH ector. Page your files. e. COUNTY Health. e. STATE b. COUNTY MARYLAND Wicomico b. QITY OR TOWN (if outside corporate limits, c. LENGTH OFISTAY IN 16 c. CITY OR TOWN III da corporata limits, write RURAL and give neerest town! Your Swrite RURAL end give neerest town) 눵 Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS IS RESIDENCE ON A FARM? s 1, 2, and 3 to the fune 2age 5 may be retained 1 and 2 with the State Bo 72 hours after death. YES TO NO [Peninsula General Hospital hours after death, If any Middle Dey DECEASED (Type or print) DEATH 19 Albert Ewell Harvey 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR 8 DATE OF BIRTH IF UNDER 24 HRS lest birthdey) Months Days Hours DIVORCED K W.DOWED [Dec. 10. Yrs. 10e USUAL OCCUPATION (Give kind of w 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country). 12. CITIZEN OF Page * COUNTRY? done during most of working life, even if retired) EDICAL EXAMINER: This certificate should be executed within 24 hours a the certificate, writing the word "pending" in pencil in frem 18, Give Pages 1, Painter pages within Halifax Co. Virginia U.S.A. P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nammie Williams Richard Ewell form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) ((Ifyasgivewarordetesofservice) permit. Office along with to a ministrating permit p 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),], INTERVAL BETWEEN OFFISET AND DEATH PART I, DEATH WAS CAUSED BY: removal, and IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, (b) gave rise to immediate cause Examiner's 10 **DUE TO** (a), stelling the underlying ō cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease executed the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burjal, cremating the statement of the control of the contr NO [200 EXTERNAL CAUSE MAS
PRIMARY IX or CONTRIBUTING
CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Part II of tem 18.) Passenger in car involved ina two car 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 2Df, (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Worcester Md. s Swamp Road Pocomoke et work Dunn 6 N work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry (X). and in my opinion death resulted from. Accident VI. Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12-19-61 DEPUTY MEDICAL EXAMINER IX Royer EXAMINER'S NAME (Type) Ve Salisbury AN Althriss (Street, city, lown, or county) esee DEF 228, BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) South Boston. Va. <u>v</u> 40 9 Rose Garden Ö 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS lisbury Md. VS. A15ME DATEDEC 2 2 '61 ill& Johnson, Norman T. Baker C. I was & Traces 5M 7/59

AARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14628

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-	- 4 V N U			MA A		
	PLACE OF DEATH	Trew o kirw ff	2 USUAL RESIDEN	CE (Where deceased lived		ce before admission)
	14/60m 10	C MARYLA	ND O. SIGHE	2 v 1/2 d	b. COUNTY	Camica
	b. CITY OR TOWN (If outside corporate limits, v	write c. LENGTH OF STAY IN	16 CITY OR TOW	/N (If outside corporate li	mits, write RURAL ond g	ive nearest town)
	aRURAL and give nearest town	Litation	a XIV Sit	P 1+21	277	
	d. NAME OF HOSPITAL (If not in hospital, give	street oddress)	d. STREET ADDE			e IS RESIDENCE
	OR INSTITUTION					ON A FARM? YES NO D
2	NAME OF A ' First	66.341.	1	4. DATE		
1	DECEASED /	Middle	lasty	OF DEATH	Month	Day Yeor
1-	(Type or print)	/ <	2 4 4 / 3 (2) 1 / 3		GE (In years IF UNDER	YEAR IF UNDER 24 HRS.
	S SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED		1875		Days Hours - Min.
-		IDOWED DIVORCED		1840	5 6 yrs.	
100	 USUAL OCCUPATION (Give kind of work done durying most of working life, even if retired) 	e 10b. KIND OF BUSINESS OR	NDUSTRY 11. BIRTHPLACE	(Stole or foreign country	12.011	ZEN OF WHAT COUNTRY?
	thase wite	Wan Homi	2 /1/0	kry/e(n	7	11.0-
13.	3. FATHER'S NAME	0	14. MOTHER'S MA	IDEN NAME	0.	
	JJEn IIMar	1 (6n Wa	V / 1/5.	C1//2	(62) W6	2 >
	S WAS DECEASED EVER POUS ARMED FORCES (Yes, no., or upthnown) (If yes give wor or dates of service		17 INFORMANT	0111	Address	1/ 11
	1/3		172418	Watter	de hirtis It	even, Mit
	18 CAUSE OF DEATH [Enter only one couse	per lipe for (a), (b), and (c).)		1/ /-		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1:000 0 mor	Klen 1 K	LOAST	1150110	ONSET AND DEATH
	DUE TO	FILL		100	CALCOLO CALLONDO	The state of the s
	Conditions, if ony, which	OF 10 NIOSC	Voussa-			Indelinit
	gove rise to immediate	Je GE JOSO	10000			a guing
	lying come lost					
z	, 10/	IONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO TH	E TERMINAL DISEASE CON	IDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY
CATION	O C C C C C C C C C C C C C C C C C C C			g (a ((() () () () () () () ()		PERFORMED?
l Œ	- DA 4 COURTE WALL AND INCOME. TO 1944	DESCRIBE HOW INJURY OCC	IIPPED (Enter nature of in	ives in Part Lac Part II of	item 18.3	113 LI NO LI
CERTI	OR CONTRIBUTING CAUSE OF DEATH		orace: (Email herard et in			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year		le PLACE OF INJURY (Hom factory, street, affice blo		wn) (C	County) (Stote)
MED	Hour o m, p. m.	While Not while of work	//	1	0	
	21. I certify that (I) (this hospital) a	standad the deceased fr	am 1 Sat 1 88	1 126/ 10 2	7 Jan 10 /	that (I) (we) last
	saw the deceased alive on 29	University	nat death occurred a	2500	and an the	date stated above
	220 SIGNATURE	- HOLIZEN / UNG II	idi dedili occurred o	T. JEW M., (TOIN THE	cayses and on the	22b, DATE
	Settern BUV	7	M D. PHYS.	MED ST DIRECTOR PH	AFF YS. 🗆 🙃 🐧	1 STA SIGNED
	22c PHYSICIAN'S	1	22d. ADDRESS	3 DIRECTOR LA	017	2 1001-010
	NAME (Type)	(RNE/I	6520	V man	Salite	in) 10:
230	30 BURIAL, CREMATION, 236 DATE THEREOF	23c, NAME OF CEMETE	RY OR CREMATORY	236 JOCATION	(City, Jown, or county)	A 1 (State)
	REMOVAL (Specify)	- White Ha	VBA (Em	. White	H=311cm. 1	14/64
24.	24. FUNERAL DIRECTOR'S SIGNATURE	/ ADDRESS /	(1) 25	REC'D BY REGISTRAR	25b. REGISTRAR'S SIG	SNATURE
	11/1/1/2018	3/5/12/16	1/16. 01	HAN 3 '62	when & H	ratio

TO FUNERAL TO HOSPIT VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CE	RTIFIC.	ATE	OF	DE	ATH

		74690	CERTIFICA	TIE OI DEATH	1458	-112
١,	PLACE OF DEATH a. COUNTY	comico	MARYLAND	a CTATC	nere deceased lived. If institution: Reside	nce befare admission)
_		autside carporate limits, w	ite c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL and	
	RURAL and give ne		1 00		el. Springs - Rura	
	d. NAME OF HOSPITA	AL (If not in hospital, give s		d. STREET ADDRESS	art. =pasingo mara	e IS RESIDENCE
_	OR INSTITUTION	San Doming	30	Op"	רַ יִּינֹי. יִי	ON A FARM? YES NO S
	NAME OF DECEASED (Type or print)	Lottie	Middle Elizabet	h Fooks	4. DATE Manth OF DEATH	3 Year 3 19 61
•	SEX Turk1	37	MARRIED A NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH April 5, 191	lost hirthdoxi Name	R 1 YEAR IF UNDER 24 HRS Days Haurs Min.
Qc.	during mast of warki	ing life, even if retired)	10b. KIND OF BUSINESS OR IND		ar foreign country) 12.CII Anne, Md., R.F.D.	TIZEN OF WHAT COUNTRY
3	FATHER'S NAME	ark	—— Home	14. MOTHER'S MAIDEN N		
	Morris	Nutter		Dora Wat		
	WAS DECEASED EVER	R IN U. S. ARMED FORCES?		MIDIMANI erry O Fooks	Address Mardela Sprin 1,	2 DE
_	NO INC			erry o. rooks,	narecra sprin ,	* >
		TH [Enter only one couse p TH WAS CAUSED BY:	per line far (a), (b), and (c)	a 1 /		ONSET AND DEATH
	TAKE IN DECI	IMMEDIATE CAUSE (0)	140 en-	acleul_		
	1 441)	DUE TO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6		
	Canditians, if an	nmediate	newer	laneas		
	cause (a), stating t lying cause last.		astheres			
ATION	PART II. OTH	ER SIGNIFICANT COND TIC	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PA	RT I(a) 19. WAS AUTOPSY PERFORMED?
CERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING (1) 20b.	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in (Part I ar Port II af item 18)	
3	20c. TIME OF INJURY	f Manth, Day, Year 2		LACE OF INJURY (Hame, farm		(Caunty) (State
MED	Havra.m.		/hile Nat while	actory, street, affice bldg., etc.	.)]	
	21 I certify that	t (I) (this haspital) at	tended the deceased fram	Nov. 24 19	6 10 Dec 24, 191	(a.l., that (i) (we) las
		ed alive an 🕰 🖭	2.4 19.6 1 and that	death occurred at 2	M, fram the causes and an th	ne date stated abave
	220. SIGNATURE	7121E	Juine.	M.D. ATTENDING MI	ED STAFF	22b.DATE SIGNES
	22c. PHYSICIAN'S NAME (Type)	FREB	C. QUIAN	22d. ADDRESS	el & Mingo Ja	1ayland
230	REMOVAL (Specify)		23c NAME OF CEMETERY		19 C AT A COUNTY	(State)
24	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	2Sa. REC'	D BY REGISTRAR 256, REGISTRAR'S S	12 A.F
J	. J. Framp	tom and Inn,	Federalsburg, "	DATE DATE	EC 11 '61 / 4	R. FLILLAR



AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DE 1) 2. USUAL RESIDENCE (Where deceased fived, if institution; Residence before admiss on) a. COUNTY c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Wicomico MARYLAND b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town! SALISBUR SALISBUR d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE ON A FARM? JENINSUL 3. NAME OF YES NO DECEASED OF DEATH DECEMBER (Type or print) 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) DIVORCED X Nov.17,1898 WIDOWED 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Wicomico Co. Maryland House Work at Home None 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Margaret Anna Hopkins Orlando Cortez Cooper 16. SOC.AL SECURITY NO. 17 INFORMANT S V. Gilliss (Son) R.D.# 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were rdetes of service) Salisbury, Maryland Hermon Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: house IMMEDIATE CAUSE (+) generalized arterios dersis DUE TO geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 11. CERTIFICATION PERFORMED? milleting NO E 20a ACCIDENT WAS UNDERLYING _____ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING ___ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., etc.) __Not While While Hour e.m. at work et work 21. I certify that (1) (this hospital) attended the deceased from July 1959 to Dec 15, 196/1, that (1) (we) last 1.5....19 6/., and that death occured at ...7.2 M, from the causes and on the date stated above saw the deceased alive on 22b. DATE 220. SIGNAPUE ATTENDING 댇 DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)r. Robert Fruitland, Maryland 123d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF Burial Dec. 18, 1961 Wicomico Mem. Park

signed certificate by use as the FUNERAL death. VR A15 (4) 15M 9/60

2 2 2 2

pue

5

HOILOWAY & COMPANY SALISBURY , MARYLAND DATE DEC 1 9'61

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS.

Salisbury, Maryland

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



TO HOSPI

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 14631

14599

7. PLACE OF DEATH O. COUNTY Wicomico	MARYLAND 2. USL	TATE NO		If institution: Resident	ce before admission)	
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Salisbury	STAY IN 16 c. C		sbury	its, write RURAL and g		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R D # 2	/ d.	STREET ADDRESS R.D.			e. IS RESIDENC ON A FARM YES NO	47
DECEASED	Middle IVE G	IVANS	4. DATE OF DEATH	DECEMBE!	R 13 19 6	1
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER A WIDOWED DIV		of 8irth . 27, 1889	tost	(In years IF UNDER birthdoy) Months IO	1 YEAR IF UNDER 24 H	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired) **X***X***X***X****X*****X*****X****X****	rk	Somerset	County		ZEN OF WHAT COUNT	RY?
Alexander Wingate		Mary Ing				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT 179. No of unknown (if yes, give wor or dates of service)				usband)R. Salisbu	D.#2	an
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions if ony, which gave rise to immediate cause (a), stoting the under- lying cause last.	bul ar	lemont timosels	-ons		INTERVAL BETWEEN	
PART 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1					1(0) 19, WAS AUTOP PERFORMED YES NO	7
		, ,				
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Haur a. m. While Not while at work at work at work		INJURY (Hame, form, eet, affice bldg , etc.)		n} (C	County) (St	tote)
21 I certify that (I) (this hospital) attended the decessed alive an 12/10 19 61, 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) T. Ernest M. Larmore	and that death of A1 A2	TENDING ME	D. STAF	ouses and an the	22b, DATE	ve.
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF BURIAL Dec. 6/1961 Spring	G H111 Me	m.Garden	s Sal	ity, town, or county) isbury, Ma		=
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBUT	RY MARYLA		BY REGISTRAR	25b. REGISTRAR'S SIG		



a by the funeral 24 hours after after death. TO HOS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages

To Funeral Hos State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7.2 thours.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14632 CERTIFICATE OF DEATH
14600

١	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence before edm'ssion)
J	e. COUNTY	a. STATE b. COUNTY
4	MARYLAND	The x like 2 2
ı	b. CITY OR TOWN (if outside corporate I m is, c. LENGTH OF STAY IN 1b write RURAL and give neerest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
ı	2 - 1	110.1m22 46x-3
4	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 4. IS RESIDENCE
ı		ON A FARM
	Larry mila denila Historia	YES NO X
I	3. NAME OF First M'ddle M'ddle	Lest 4. DATE Month Dey Year
Л	(Type or print) TENANTE	11 12 1 1 DEATH DOPEN 14 2 2-19/2/
1	5. SEX 16. COLOR OR RACE T MARRIED TO MENTED TO	
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH (9. AGE (In years 1f UNDER 1 YEAR IF UNDER 24 HRS. [ast birthday) Months Days Hours Min.
	Jemal d Mast WIDOWED IN DIVORCED	7-10-18 74 82-415.
	10e. USUAL OCCUPATION (Give kind of work , 10b. KIND OF BUSINESS OR INDUST	RY, 11. BIRTHPEACE (County & State, or foreign country) , 12. CITIZEN OF WHAT COUNTRY?
ı	done during most of working life, even if retired)	
ı	AT ITCME HOME	DELAWARE COA _
H	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WI TIS CHOOT	EMMA FOLKEY
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO. 17.	INFORMANT
	(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	Sent Of 1
	100 - 1 - 3	11/ Hord Lukara Had
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) (The salest 2 Chity	weet test a tour care the test of
	DUE TO	· · · · · · · · · · · · · · · · · · ·
1	Conditions, if any, which (b)	
	geve rise to immediate cause	·
	(e), sletting the underlying DUE TO	
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
	EA .	YES NO W
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	D. (Enter neture of injury in Part I or Part II of tem IB.)
1	OR CONTRIBUTING CAUSE OF DEATH	
4	10	ACE OF INJURY (tiome, ferm, 20f. (City or town) (County) (Stete) ctory, street, office bldg., etc.)
	Hour e.m. While Not While tack	inity, arrow, write most, over,
		11/7 12/2 12/2 12/2
	21. I certify that (I) (this hospital) attended the deceased from,	
	saw the deceased alive on	it death occured and
	220. SJGNATURE	22b. DATE
	Milaset / Defense	ATTENDING MED. STAFF SIGNED PHYS. SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	54444 3 3 % (441)
	D41/D) - 6/2/45 E	
	236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (State)
	REMOVAL (Specify) /2 -5 C/ 1977	tine dellara del
	24-FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	100 In In In In In	. 10 11 DEC 5 '61 Cirthur d. 7
,	11 3 Manie - Lelman	LLL, DATE COM.



RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institut Residence before edmission e. COUNTY **b.** COUNTY Somerset Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL and give negrest town! Months Rural-Westover Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Springhill Sanitarium YES X NO 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH May Beauchamp Harlow December 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF JNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH lest birthday) Months Days Hours WIDOWED F Female White DIVORCED 10a. JSUAL OCCUPATION (G've kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Tubman Beauchamp Mary Anna Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) I (If yes give war or dates of service) 182-09-5292 Delanco Herbert O. N. J. 18. CAUSE OF DEATH [finter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY. 7-10 (-12) IMMEDIATE CAUSE (e) eralized arterwielerosis DUE TO Conditions, if any, which (d) gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO F CERTIFIC 2De. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in ury in Pert I or Pert II of item 18.) 2Dd. INJURY OCCURRED, 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) 2Dc. TIME OF INJURY Month, Day, Year (County) (Stele) While Not While fectory, street, office bldg., etc.) Hour e.m. et work | et work 261, 19....., that (I) (**) last 21. I certify that (I) (this housikal) attended the deceased from...... saw the deceased alive on... 22b. DATE 220. SIGNATURE SIGNED DIRECTOR PHYS. ZZC. PHYSICIAN'S 22d. ADDRESS NAME (Type) Fruitland, Maryland 23c. AME OF CEMETERY ON SERVING 230. BURIAL, CREMATION, 235. DATE THEREOF 23d. LOCATION (City, town or county) Burial Darlington. Darlington Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE ADDRESS Pocomoke City. Md . DATE

and 2 death.

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FUNERAL

director,

VR A15 (4)

15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY 2 2 MARYLAND Maryland Caroline
c, CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Wicomico. b. CITY OR TOWN (if outside corporate I mits, and c. LENGTH OF STAY IN 16 ģ write RURAL and give pagrest town) Salisbury 15 Days Bethelem d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Deer's Head State Hospital 3. NAME OF 4. DATE Month complete DECEASED (Typa or print) DEATH 19 George Washington Harrington December 6. COLOR OR RACE T, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. and lest birthday Months Days WIDOWED X DIVORCED | Male Whi te August physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fora on country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) rester County Unk. Unk. U. S. A. Mary and 13. FATHER'S NAME William Harrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Unknown Address (Yas, no, or unkown) (Ifvesqive war or detes of service) Hospital Records --Salisbury. Marvland 18. CAUSE OF DEATH |Enter only one cause of line for, (a), (b), and (c). INTERVAL BETWEEN has been signed by IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gava risa to immediate causa DUE TO (e), stating the underlying burial, causa last. the PART II, OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY Affer this certificate PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) Month, Day, Year fectory, street, office bldg., etc.] __Not While While Hour a.m. at work at work p.m. may be refain DIRECTOR: 21. 1 certify that (I) (this hospital) attended the deceased from 11/21/61...., 19....., to 12/6/61...., 19....., that (I) (we) last saw the deceased alive on.. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22c PHYSICHAN death.
TO FUNLANG
director, r. 22d. ADDRESS NAME (Type Lee L. Lawry. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOYAL (Spacify) 25e. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

or aftending

RYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	14625 CERTIFICATE OF DEATH 14603
黄 5411	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed Lived, Hi institution, Residence before admission)
E SEIVI	. COUNTY WIC D'M IC (MARYLAND De LA LUC TE 6. COUNTY SWS SYS X
the d 2	b. CITY OR TOWN (If outs de corporale limits c. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outs de corporale limits, write RURAL and give neerest lown)
by de	write RURAL and give neerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS J. B. IS RESIDENT
Page Sri	Paris (34/2 Hospital Roste 3 YES NO F
ely ris.	3. NAME OF First Middle Last 4. DATE Month Dey Yeer
Se enter	Type or print) (-ara Eller Harth December 26.19 6)
X S LE	5. SEX 16. COLOR OR RACE 7 MARDIED NEVER MARDIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HR
a Pa	7- male 16/1/1 WIDOWED DIVORCED 3-5-1887 Jest birthdey) Months Days Hours Min.
e ce cent,	TOB. USUAL OCCUPATION (Give kind of work Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTY
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hys red Iny	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ath in	
dei ple and	ISE & S/+M//V S/18/1/4 N SARAH OF IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
the atter hen hen 'al',	(Yes, no, or unkown) (Ifyosgivewer or detes of service) - Flage & Hastings - Louis & Land
hat hat the mov	18. CAUSE OF DEATH [Enter only one couse per type for (e), (b), and (c).] [INTERVAL BETWEEN
by I by I rm:	ONSET AND DEATH
o 'L	IMMED ATE CAUSE (e)
a regis	OUE TO CONTRACT OF THE STATE OF
ding ding len eme	Conditions, if eny, which geve rise to (mmediate cause)
The tren then the tren tren the tren tren tren tren tren tren tren tre	[a], stating the underlying DUE TO
r al has has be to	couse lost. (c) Z PART II. OTHER SIGNIF, CANT COND. TIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPED.
IAN (10 PERFORMED
Se a se r	
Pring .	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert II or II or Pert II or II
BR	(IF EITHER, NOTIFY MEDICAL EXAMINER)
Se Fe Fe Fe	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20d. (City or town) (Steta) Hour a.m. 19 Stevent
det A det	
Tage of the second seco	21. I certify that (I) (this hospital) attended the deceased from 126. 1961, to 12/26., 1961, that (I) (we)
# 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	saw the deceased alive on 12/26 19 61, and that death occurred at 5.4M, from the causes and on the date stated about
Share Sta	226. DAT ATTENDING MED. STAFF 226. DAT
2 m	William H- 772 (M.D. PHYS. DIRECTOR PHYS.
A SE	Z2c. PHYS.CIAN'S NAME (Type)
FUNERAL FUNERAL Filed with	
Ed Car	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, lown or county)
0.40.4 g	Burnet 12-18-61 The Olive 1026 Miles Real
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
15M 9/60	If S- Greenel Co - Wilme Leve DAREC 29'61 Chilling & Thank

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 14637 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY Wicomico County by the and 2 death. MARYLAND Queen Anne's County b. CITY OR TOWN (A outside corporete limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Church Hill Salisbury 806 davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO 3. NAME OF 4. DATE Month Yee Middle DECEASED (Type or print) DEATH 28 1961 Margaret KIMBLES December 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthday) Months Female White WIDOWED 3 10e USUAL OCCUPATION (Give k ad of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working I fe, even if retired) School teacher Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please John T. Market Martha Seney 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give were redetes of service) remova 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary thrombosis 3 days IMMEDIATE CAUSE (e) the burial-transit burial, cremation DUE TO Hypertensive arteriosclerotic cardiovascular Conditions, if any, which geve rise to immediate cause disease DUE TO (a), stelling the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)| 19, WAS AUTOPSY PERFORMED? NO 🔀 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of njury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm., 20f. (City or town) (County) factory, street, office bldg , etc.) While Not While Hour e.m. el work el work D. M. 21. I certify that (I) (this hospital) attended the deceased from Oct. 14, ..., 1959, to Dec. 28,, 19.61 that (I) (we) last 28,19.61, and that death occurred at ../... M, from the causes and on the date stated above. saw the deceased 22e. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS. 22c, PHYSICIAN'S 22d. ADDRESS Deer's Head State Hospital NAME (Type) Maldve. Salisbury. Maryland 23e. BURIAL, CREMATION, | 23b (Stete) 1 d 25e. REC'D BY REGISTRAR VR A15 (4) 15M 9/60

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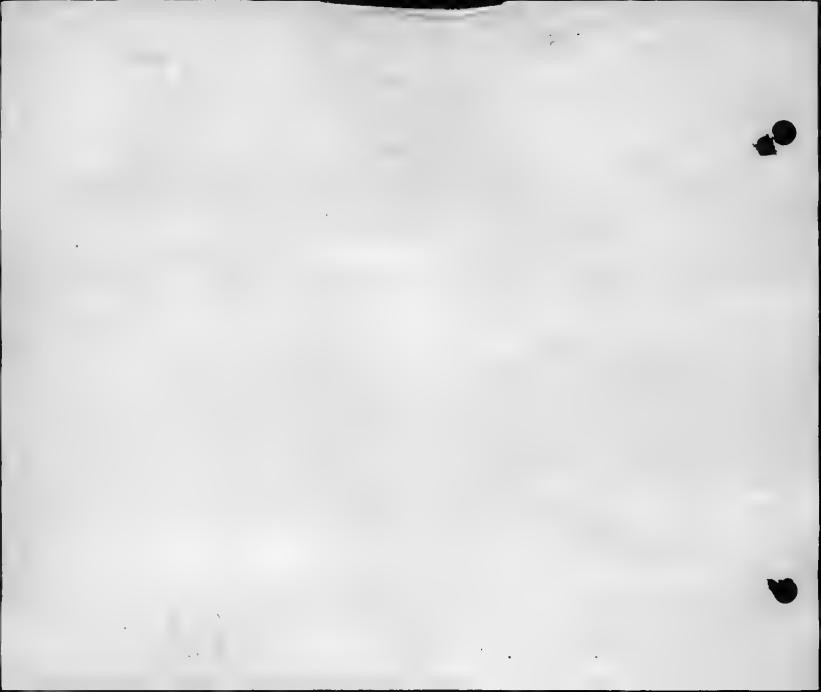
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MARYLAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Residence before edmission) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution) a. COUNTY e. STATE b. COUNTY 100m10 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate I.m ts, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) Montran 5Alis DUR d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street eddress) m. 15 RESIDENCE d STREET ADDRESS ON A FARM? TENINS YES NO T 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF compl (Type or print) DEATH 196/ Uccem bee and cor 8. DATE OF BINTH AGE (In years I IF UNDER I YEAR 5. SEX 6. COLOR OR RACEL F UNDER 24 HRS MARRIED MINEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED VIS. physician 10a. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & Stelle, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) A. 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME attending pl .6 2000 5 5 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknwn) | (If yes give war or detes of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Hulmenary IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which peen (b) gave rise to immediate ceuse DUE TO (e), slating the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate PEREORMED? 8 NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part II or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTR BUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) 20f. (City or town) Month, Day, Yeer DIRECTOR: Aft 3 should be detect factory, street, office bldg., etc.) While Not While Hour e.m. el work at work 19 2, 19.6 that Ox 10/12 and that death occured at.2. saw the deceased alive on 22e. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v (State) 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) ã ở c ễ B 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60

STATE DEPARTMENT OF HEALTH



ESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution, Residence before edmission) director, Page or your files. e. COUNTY a. STATE **b.** COUNTY Maryland Worcester
c. CITY OR TOWN (if culside corporale limits, write RURAL and give nearest lown) Wicomico MARYLAND b. CITY OR TOWN (if ouls de corporete limits, e. LENGTH OF STAY IN 16 write RURAL end give neerest town! 1/2 days Pocomoke City Salisbury 1 1/2 day
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS State death. Peninsula General Hospital 3. NAME OF 4. DATE Month DECEASED OF 5 may be retained 2 with the Shoura affer de (Typa or print) DEATH Marion Winfield Landing 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19, AGE (In years (IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX lest birthday) Months White WIDOWED TO DIVORCED [Mav 84 ym. 10a. USUAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Sie's or foreign country) done during most of working life, even if retirad) Merchant & Real Estate Dealer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sallie Bonneville James H. Landing 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (Ifyesgive war or detes of service) Office along with burial-transit permi Mr. E. T. Landing, Orlando, No None 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c), PARTIL DEATH WAS CAUSED BY. Crushed chest IMMEDIATE CAUSE (e) DUE TO Conditions, if an geva rise to immediela causa V2 60 DUE TO ase explute the certificate, writing the word "pending should be forwerded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as (a), stating the underlying causa Jast. pe nsed cremation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION 208. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) re 3 sho burial, CAUSE OF DEATH. Driver of involved in two car collision. car 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED; 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) 93 While Not While 2-123-197work at work Pocomoke Wordester New Bynass 21. I certify that I took charge of the remains described above, held an Autopsy Inspection v Inquiry V death resulted from. Matural causes Suicide Homicide | Undetermined manner Accident 1 1/2 CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER TO 12-26-61 EXAMINER'S NAME (Type) Saliship paddras (Streat, city, town, or county) 22a, BURIAL, CREMAT, ON, 22b 1 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Pocomoke City, Q40 9 Burial First Baptist EUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME William S. Kraus Pocomoke City Md on BEC 2 9 '61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM?

YES NO X

Year

19

12. CITIZEN OF WHAT COUNTRY?

Florida

INTERVAL BETWEEN ONSET AND DEATH

42 hours.

PERFORMED? NOV

and in my opinion

DATE SIGNED

(State)

Maryland

USA

(County)



MARYLAND STATE DEPARTMENT OF HEALTH

	14640	L		ATE OF		MORE 1, M.	ARYLAND	507	
1. PLACE OF DEAT	H Wicomico	tems 1)	MARYLAN	II A STATI	RESIDENCE (WAS	_	b. COUNTY	Residence before Wicomia	
b. CITY OR TOV RURAL and g	VN (If outside corporate limi ive negrest town) Salisbury	ils, write c. LEI	NGTH OF STAY IN 1	b c CITY	OR TOWN (IF a		te limits, write RU	RAL and give ne	arest tawn)
d. NAME OF H	Spring Hill	•			207 W	.Phila	a.Ave.		e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	LYD		MAY Middle	LANK	Lost	4. DATE OF DEATH	DECEM	BER	26 1961
s. sex Female	6. COLOR OR RACE	7. MARRIED T	DIVORCED	Jan.1				Months Doys	Hours Min
House	PATION (Give kind of work working life, even if retired WORK at Hor	I)	of business or in None	Wor	cester	Co.M	nin) ar yland		S A
13. FATHER'S NAM		COLLINS		MAR	GARET	Α.	Holland		
15. WAS DECEASE (Yes, no. or unknown) NO	O EVER IN U. S. ARMED FOR		L SECURITY NO. 17	Mr.J.C R.D.#	ollins 4 Sa	Lank!	(Son) XX	XXXXXXX land	XRXXXXX
PART 1 44 Conditions, gove rise	DEATH (Enter only one condition on the condition of the c	can	(a), (b), and (c).]	eulon	ruel	Lis	each	INT	ERVAL BETWEEN
-	OTHER SIGNIFICANT CON		BUTING TO DEATH	BUT NOT RELATE	D TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1(0)	19 WAS AUTOPS PERFORMED? YES NO
	T WAS UNDERLYING [] TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCU	RRED (Enter not	ere of injury in P	Part or Part	I of item 18.)		
Hour o	NJURY Month, Doy, Ye . m. 19		lot while		IRY (Home, farm, office bldg., etc.		or town)	(County) (Sta
saw the de	that (I) (this haspita ceased alive an	•		4	19. Reg 8: 40	MP moder	12-26 he causes and		
22c. PHYSICIA	Tulp a.	Link		M D PHYS	DDRESS	ED RECTOR [STAFF PHYS	Dec.	77/196
NAME (T)	Dr.Philip		ey		in St.	Salia	sbury, M	arulan	<u>d</u>
230. BURIAL, CREA REMOVAL (Sp Buria	ecify)		Parson				ON (City, town, or Lisbury	,,	

may be TO FUNERAL UN VR A15 (4) 15M 9/59

HOLLOWAY & COMPANY

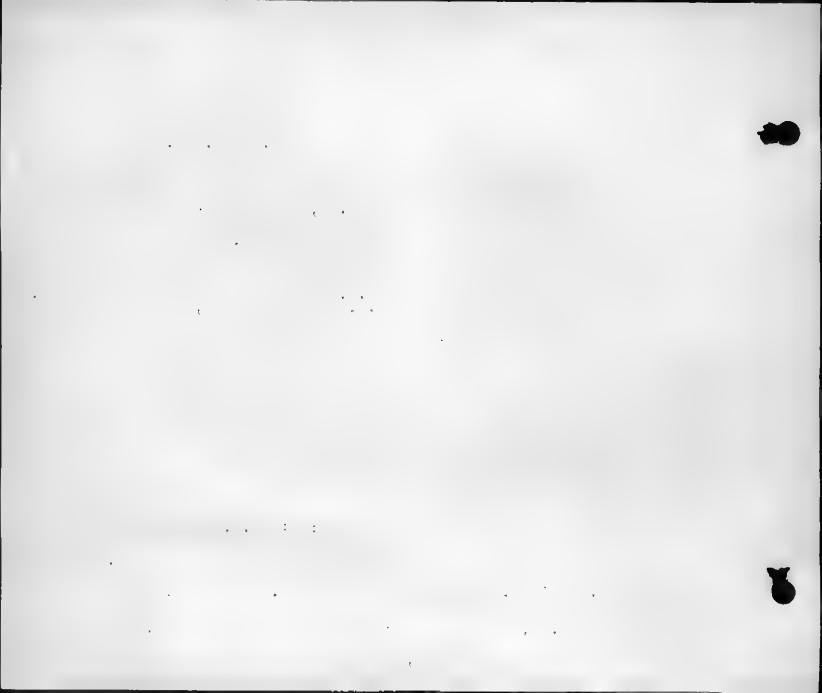
24 FUNERAL DIRECTOR'S SIGNATURE

SALISBURY, MARYLAND

ADDRESS

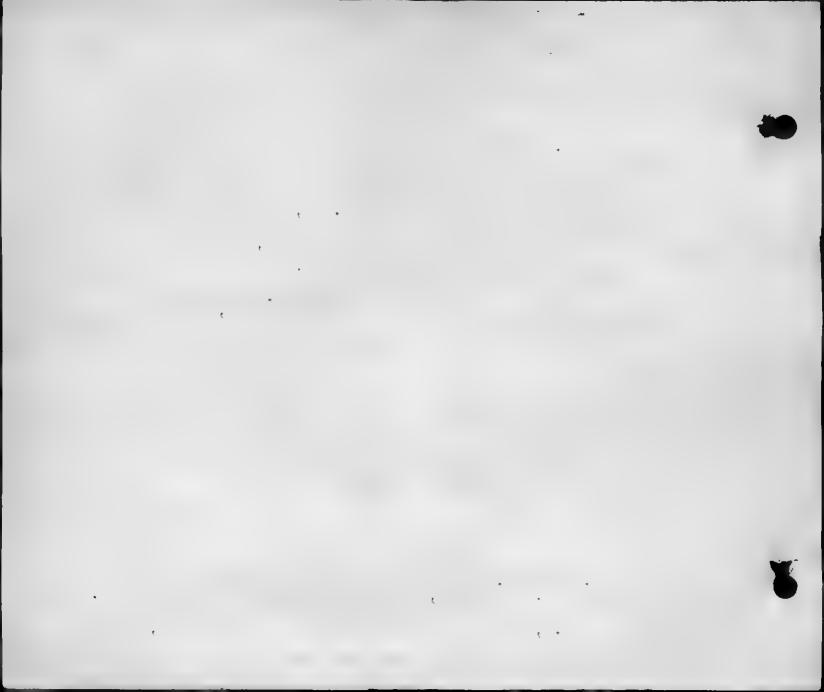
25a. REC'D BY REGISTRAR DATEDEC 2 8 '61

Sbury, Mary Land 256, REG STRAR'S SIGNATURE arthur S. Thank



AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Vesidence e. COUNTY a. STATE b. COUNTY Wicomico Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporete limits, C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m Is, write RURAL and give neerest town) write RURAL and give neerest town) Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Pen Gen. Hospital Light YES NO X 3. NAME OF First DATE Middle DECEASED the (Type or print) REBECCA LYNN LeGATES DECEMBER DEATH 6th19 61 may be 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 5. 5EX 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Nours Female WIDOWED ! DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salisburg, Maryland None None pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lorraine Louise Hastings Charles Donald LeGates FIB 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTES D. LeGates (Father) 624 Light St None Salisbury, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, menngites IMMEDIATE CAUSE (e) Office burial: DUE TO Conditions, if any, which gave rise to immediate cause FÜ DUE TO fe), stating the underlying 80 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIF.CATION PERFORMED? Pa NO T ū should ial, cre 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in cry in Pert I or Part II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief A age 3 to buri MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Not While fectory, street, office bldg., etc.) While Hour m.m. 00 at work at work 50.5 21 I certify that I took charge of the remains described above, held an Autopsy XI. Inspection LIL WILLIAM and in my opinion lease execute the certific is should be forwarded to FUNERAL DIRECTC death resulted from. Accident Homicide Undetermined manner Natural causes Ni. Suicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER lisbury, Maryland NAME (Type) Address (Street, city, town, or county) 22ª BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, town, or country) REMOVAL (Specify) 040 p Burial Parsons 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS A15ME COMPANY SALISBURY MARYLAND (Jun S. Thank I DATE DEG 1 1 '61 5M 9 60

.94 XVE

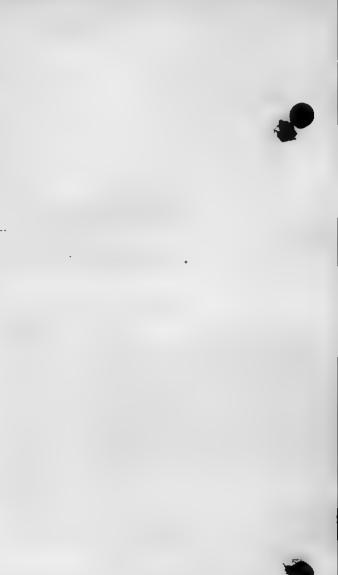


STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed I yad, If institution; Residence before edmission) e. COUNTY **b.** COUNTY Maryland NICOMICO Wicomico MARYLAND b. CITY OR TOWN (if outside corporate lim ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) 5 alishury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospile., give street eddress) Salisburv d STREET ADDRESS IS RESIDENCE ON A FARM? eninsula NAME OF East Lincoln Ave YES NO X DECEASED OF DEATH (Type or print) 196/ 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX AGE (In yours | IF UNDER I YEAR IF UNDER 24 HRS. lest birthdey) Feb. 27, 1901 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retred Worcester County. Md. House Work & Secretary-Ins. Agency 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W.Durand Fooks Mary E. Hitch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr. Emory L. Leonard (Husband) 407 E. Lincoln (Yes, no. or unkown), (Ifyesgive-werordetesofservice) No Salisbury, Maryland Ave. INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: & days IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying cause last. PART H. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HE. 19. WAS AUTOPSY PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of naury in Pert 1 or Pert 1 of Item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While et work at work 21. I certify that (1) (this hospital) attended the deceased from 13-14-61, 19..., to 12-17., 1961, that (1) (we) last saw the deceased alige on. 22a. SONATURE 22b. DATE ares DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S 22c Dr. David J. Gilmore Medical Center Salisbury Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
Burial Dec.20m1961 Parsons Cemetery Salisbury Maryland 256 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 Circling S. Thousa SALISBURY, MARYLAND BARC 2 0 '61 HOLLOWAY & COMPANY

physician

FUNEFAL

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TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY **b.** COUNTY Wicomico County by the and 2 seed death. MARYLAND Talbot b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) write RURAL and give nearest town) days Easton Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strael eddress) d. STREET ADDRESS Head State Hospital Locust Street completely 3. NAME OF Lest DATE Middle REFEREN OF (Type or print) Fred DEATH December McQuav and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 8. DATE OF BIRTH AGE (In Fears IF UNDER 1 YEAR brindey) Months Malle Colored WIDOWED V DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY **Femove** HOORE U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ę attending McQuav Unknown and 16 SOCIAL SECURITY NO. 17. INFORMANT Then 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | Address (Yes, no, or unknown) | (If yes give we ror detes of service) ng physician. permit. 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY Cerebral thrombosis IMMEDIATE CAUSE (a)_ burial-fransit DUE TO affending Generalized arteriosclerosis Conditions, if eny, which (b) certif cate has been gave rise to immediate cause **DUE TO** (a), stating the underlying the bur burial, (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(16)] 19, WAS AUTOPSY CERTIFICATION hospital 95 2 prior 200. ACCIDENT WAS JNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) the After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached ģ 20c, TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) While Not While at work | et work | D.m. DIRECTOR: 21. I certify then (1) (this hospital) attended the deceased from November 29161, to December 1, 19,61 that (1) (we) last Pino 4. 19.61 and that death occured at...../.,.M, from the causes and on the date stated above. saw the deceased may 22a SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22c. THYS CIAN'S 22d. ADDRESS Deer's Head State Hospital NAME (Type) Lawry, L. Salisbury, FUNE ector, 23a, BURAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Eily, lown or county) REMOVAL (Specify) နှင့်ခဲ့_{စီ} DUMIA 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGI 25a. REC'D BY REGISTRAR YR A15 (4) DATE DEC 15M 9/60 Ci when S. Firam

MARYLAND STATE DEPARTMENT OF HEALTH

Residence before edm ssion

e. IS RES DENCE ON A FARM?

YES NO X

19 61

IF UNDER 24 HRS.

Days

(County)

12 CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

years

10 years

PERFORMED?

NO Y

(State)

22b. DATE

(Stata)

SIGNED

4.1961



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARVIANII CERTIFICATE OF DEATH 14644 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution; Residence before admission) e. COUNTY Wicomico **b.** COUNTY Somerset \$2 \$ IDAMAKAN MARKINTA by th b. CITY OR TOWN (if guiside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL end give nearest town) 1295 days Salisbury Princess Anne, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Deer's Head State Hos. ital completely NAME OF Middle 4. DATE Moath paper R 72 DECEASED Eleanor Miles (Type or print) DEATH 12 and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR S. SEX last birthday) Months Female Colored WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE County & State, or loreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House Work Nous Haryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Harriet Cottman . C. . . . il 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give we ror detes of service) Leonand Miles Trincess Anne. Md 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c) ٥ PART I. DEATH WAS CAUSED BY: Coronary insufficiency IMMEDIATE CAUSE (a) signed burial-transit **DUE TO** Arteriosclerotic cardiovascular disease has been geve rise to immediate cause **DUE TO** (e), steting the underlying Arteriosclerosis, general as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY After this certificate Decubiti, multiple 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work el work 21. I certify that (I) (this hospital) attended the deceased from. June 2 ... 19 58 to Dec. 21 19 61 that (I) (we) last saw the deceased alive on Dec. 21 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Deer's Head Hos ital; Salisbury, Md. ector, 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY _ REMOVAL (Specify) Ö:pg 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

ON A FARM?

YES NO

19 67

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

Years

Years

YES

6 months

PERFORMED?

NO [

(State)

SIGNED

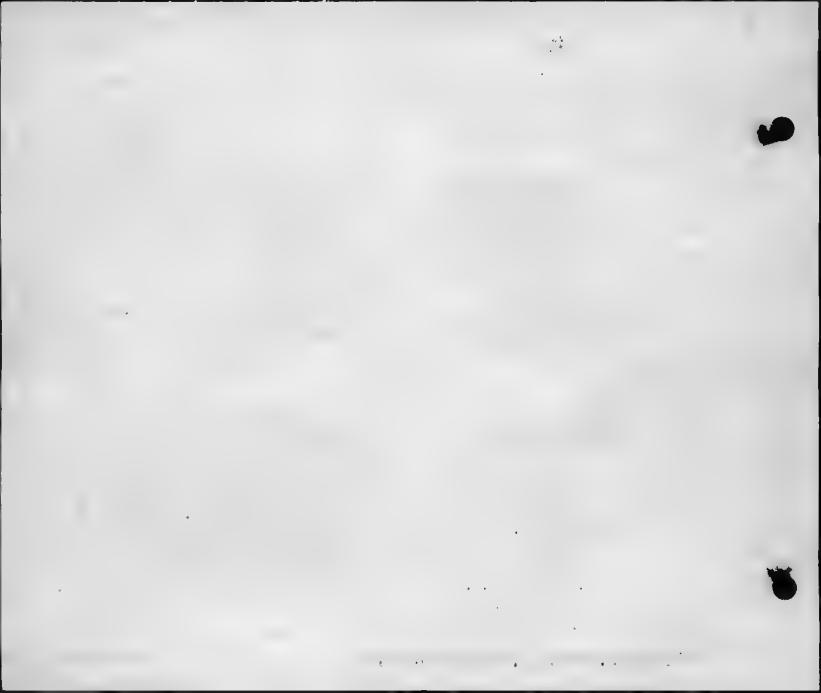
Yeer

Day

Devs

PHYSICIAN: the hospital or may be retained by DIRECTOR: After FUNERA

15M 9/60



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution; Residence before admission) a. COUNTY b. COUNTY, DICCMIC MARYLAND WICEMICO MARULAND b. CITY OR TOWN (if outside corporete limits, C. VENGTH OF STAY N 16 c. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town) á. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give speet . IS RESIDENCE ON A FARM? BOX YES NO etely 3. NAME OF DATE DECEASED OF ed. (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours event, D VORCED 10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & 12. CITIZEN OF WHAT COUNTRY? done during proft of working life, even if retired) 13. FATHERS NAME MALDEN NAME MOTHER'S EASED EVER IN 149. ARMED FORCES? (Yes, no, or unkown) | (Tiyes vewarordatesofservice) 18. CAUSE OF DEATH [Enter on y one couse per ine for (e), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-Y DAYGE IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LAI 19. WAS AUTOPSY VEROVI PERFORMED? 200. ACC DENT WAS UNDERLYING 1 200. DESCRIBE HOW NURY OCCURED. (Enternet tie of injury in Part of Part I, d I om 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) NO -After 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year , 20e PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) (State) fectory, street, office bldg., etc.] Hour a.m. While Not While may be retained DIRECTOR: 19 21. I certify that (I)/(this hospital) attended the deceased from. (.4 M, from the causes and on the date stated above. .., and that death occured at 🗘 saw the deceased alive on..... 22e. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. death. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, plant y BURIAL, CREMATION - 236 DATE THEREOF. MAME OF CEMETERY OR CREMATORY 23d/YLOCATION (Øry, town or county) (State) 23€. EMOVAL (Specify) FUNERAL DIRECTOR'S S GNATURE APPRESS VR A15 (4) 15M 9/60 DATE DEC



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Whara daceased lived, if Institution, Residence before edmission) e. COUNTY MARYLAND b. CITY OR TOWN (if pulside corporele I mils. CITY OR TOWN (If outs'de corporate l'mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town! 00 ISBL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF M ddle 4. DATE Month DECEASED OF (Type or print) DEATH carbon 5. SEX IF UNDER 24 HRS. AGE (In yeers LIF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED lest b'rthdey) and Months Hours WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if rehred) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give were rdetes of service) 18. CAUSE OF DEATH (Enter only one couse per line/for (a), (b), en INTERVAL BUTWEEN PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geva risa to Immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY cert.ficate PERFORMED? as NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I, of item 18.) 20e, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. et work at work DIRECTOR: , and that death occured at L. P.M., from the causes and on the date stated above saw the deceased alive on 22b. DATE 22a. SIGNATULE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LOCATION (City (Steta) BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY EMOVAL (Spelify) ÷ 8 0 UYIA FUNERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) '62 15M 9/60



ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. COUNTY b. COUNTY. Wicomica Vicemico MABYLAND b. CITY OR TOWN of outside corporate I mits, c. CITY OR TOWN (If outside corporete I mits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town). Sphisbure d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 AGE (in years last birthdey) carb DIVORCED 10a. USUA., OCCUPATION [Give kind of work done_during most of working life, even if retired) FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) | (If yes give we ror deles of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immed ete ceuse -DUTTO (a), slating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BJ THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) TOO ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMENER) 20c. TIME OF INJURY 1 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dev. Year factory, street, office bldg., etc.) While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. . 19 😓 (saw the deceased alive on. 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. actor, page 22d, ADDRESS 22c, PHYSICIAN'S FUNEAR NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23s. BURIAL, CREMATION, | 23b. DATE THEREOF J. 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN OMSET AND DEATH

> WAS AUTOPSY PERFORMED? NO V

> > 22b. DATE

SIGNED

19....., that (I) (we) last

12, CITIZEN OF WHAT COUNTRY?

Months

(County)



VR A1S (4) 1SM 9/S9

	14648 Division of	CERTIFICAT	TE OF DEATH	ORE TO WE	14614
Ī	PLACE OF DEATH	3, FIII G 30E	2 USUAL RESIDENCE (Who	re deceased lived. If institution	n: Residence before admission)
	o COUNTY	MARYLAND	D. STATE	b. COUNTY	ondage
NOINT DE LA CONTRACTOR					
	B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If or	itside corporate limits, write RU	RAL and give nearest town)
	Salisbury		Syracuse		
1	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	2 USUAL RESIDENCE (Where decreased lived. If institution: Residence before admission) of IATE	e, IS RESIDENCE	
1	Spring Hill Private Sani	tarium	224 Glering	od Place	YES NO.
ı	3. NAME OF First	Middle	2 USUAL RESIDENCE (Where decreased lived. If institutions: Residence before admission on the country of the c	Day Year	
1	(Type or print) WILLIAM	FRANKT.TN	MOORE		4 10.61
ŀ		THE STATE OF THE TOTAL SECURITY NO. IT INTERNANT INTO THE COUNTY OF THE STATE OF TH			
1	20.22			las) birthdoy)	
ŀ	11.50%				
١	during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State of	r foreign country)	
1	Steelworker	Construction			U. S. A.
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Y	K Franklin G. Moore	THE BATT OF DATH COUNTY COUNT			
Ā		SOCIAL SECURITY NO. 17 IN	FORMANT G.	AL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNT nondaga LITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Syracuse STREET ADDRESS IN WOOD 224 FLEYINGOCY Place BIRTH DOAY PAGE (In years lost birthday) OF BIRTH SHIPLACE (State or foreign country) Syracuse, N. Y. OTHERS MAIDEN NAME Florence Cushing NT G. Address Dorothy B Moore Box14, Snow Hill, Md. LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES NO BETT NO BETWEEN	
		24-19-2795 MI	rs. Dorothy B	Moore Boxl4, S	Snow Hill, Md.
	IR CAUSE OF DEATH Feder only one course per	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
		1 a to a dal	PARTINO	6 . 1 . 1	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	12 your rage	Concernany	er of yeun	ten andery
1	DUE TO	n	1 /	U	1 5
1	Conditions, if any, which) (b)	acconoma	of yeen	<u></u>	
ı			0 '	/)	
1	Iving course less			<u> </u>	
1	Z PART IP OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART T(a) 19 WAS AUTOPSY
	E S				
1	200 ACCIDENT WAS UNDERLYING [] 20b. DES	CRISE HOW INJURY OCCURRED). (Enter noture of injury in P	ort I or Port II of item 18.)	
1	OR CONTRIBUTING LI CAUSE OF DEATH				
1	S 20c. TIME OF INJURY Month, Day Year 20d	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (State
١	Hour a m. 19 While	'\u01' \u01' \u0	tory, street, affice bldg., etc.)		
-			20 0	1 1 1	
	21. 1 certify that (I) (this haspital) atten-	* /. /\		7	
-	saw the deceased alive on	and that d	eath occurred at	M, from the causes onc	
	220 SIGNATURE	20' X	ATTENDING	STAFF	22ti DATE SIGNEI
	Leschen 02:6	ales! 1	A D PHYS DIR		12-4-6
	NAME (Type)	<i></i>			, , ,
	Dr. Wilbur B. Ell:	is /	Medical Co	enter, Salisbu	ry, Maryland
	230 BURIAL, CREMAT ON, 236, DATE THEREOF	234 NAME OF CEMETERY OF	CREMATORY	2014 LOCAT QN IS by lawn or	county) (State)
	Burial and Dec. 8, 19			Cazenovia. Ne	w York
	24. FINALA BOUTECTOR'S SIGNATURE			4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1	
	Hill & Johnson Runaral H.	owe Saliehum	Md. DAISO	161	2 9 7 mars
ı		one partionally	The Part of	DI CAK, M	1 AS, FINANCE
	110000000000000000000000000000000000000				

MARYLAND STATE DEPARTMENT OF HEALTH



TO HUSPITAL OF ATTEMBING RYSICIAM: The low requires that the Tenth Emiticate Me executed within 14 Mours ofter death: Page may be rejuly by the hospital an attending physician. TO FUNERAL RETOR: After this certificate has been signed by the attending physician and campletely filled in Market funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 1. "Gid be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO FUNERAL

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Н

4649	CERTIFICATE OF	DEAT
4048	CERTIFICATE OF	DEA.

R	eg.	Dist.	No.1	4	6	15

1 PLACE OF DEATH			2. USUAL RESIDE	NCE (Where deceas	ed lived If instituti	on-Residence	before ad	mission)			
d. COUNTY Wicomico MARYLAND			o. STATE Maryland b. COUNTY Wicomico								
b. CITY OR TOWN (If outside RURAL and give percent to	b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16				c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
(Bural) Pars	onsburg		F. F.	Parsonsburg (Rural)							
d. NAME OF HOSPITAL (IF I	ot in hospital, give street o	ddress)	d. STREET AD				e. IS	RES-DENCE			
R.D.	# 1		I F	R.D.# 1				N A FARM?			
3 NAME OF DECEASED	First	Middle	Lost	4. DATE	Mon	th	Doy	Yeor			
(Type or print)	ERNEST	EDWARD	MORRIS	OF DEATS	DE(C. 2	2nd	1967			
5. SEX 6. CC	LOR OR RACE 7. MARRI	ED NEVER MARRIED	B DATE OF BIRTH		9. AGE (In years	IF UNDER 1		NDER 24 HRS			
Male	Whitternowe	DIVORCED [Nov. 4	. 1889	lost birthdoy) 72 yrs	Months D	B Hou	ers Min,			
10a. USUAL OCCUPATION (Giv during most of working life	e kind of work done 10b	(IND OF BUSINESS OR INDL	STRY 11 BIRTHPLAC	CE (Stole or foreign	country)	12 CITIZ	EN OF WE	HAT COUNTRY?			
Retired-Moul		v	Dela	ware		t	JSA	4			
13. FATHER'S NAME			14 MOTHER'S M		···		, 50 2				
(unK)			(Unk)								
IS WAS DECEASED EVER IN U		OCIAL SECURITY NO	NEORMANT M		Add	ress _{7.0}	-				
(1185, 110 Or DAILSOWN)	ve wor or dotes of service)	i.t.L.	Earl Mo	rris(So	n/Lanhan	n, Mary	land	Ł			
18 CAUSE OF DEATH [E	nter only one couse per lin	e for (o), (b), and (c)]	/		10		INTERVAL	BETWEEN			
PART I. DEATH WA	S CAUSED BY:	and a	inst	-	Herone C.	2043	ONSET A	ND DEATH			
11.3 4 1	DUE TO	+	7				1.6	124-14			
	Conditions, if any, which) (Director Acles one)										
gave rise to immedi-	ate (et -	0.000				-				
lying couse lost.	rayse (o), storing the onder										
Z PART II STHER SIG											
PART II OTHER SIG	Culmonary employsema - chronic brondity YEST NOTX										
20g ACCIDENT WAS UND	20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OF OURRED (Enter noture of injury in Port & or Port & of Item 18.) OR CONTRIBUTING CAUSE OF DEATH										
	JSE OF DEATH (AL EXAMINER)	N/A									
3 20c TIME OF INJURY Mor	th, Doy, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY IH	me, form, 20f (Cit	y ar town)	(Co)	uniy)	(State)			
20c. TIME OF INJURY Mor	Hour o. m. While Not while tactory, street, affice bldg., etc.)										
21. I certify, that I a			10 5 10	1000	out solat						
alius as a limit of	frended the decease		, 17 <u>.2.2</u> ,	7300.		,that I la:	st saw tl	he deceased			
dive on voca vers		and that death	accurred at	ZM, fra	m the causes o Street, city or lown,	ind on the	date st				
ACTUAL SIGNATURE	·VITA	ler	2000) ADDRESS (A LA	Dec.	Ъ.	/1661			
SIGNATURE	1.000		M.D	debut I	Sister 1	Dec.		V TAO T			
PHYSICIAN'S Dr. L.	.V.Sohler		Delma	r, Maryla	and						
220. BURIAL, CREMATION, 22b REMOVAL (Specify)	. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCA	ATION (City, town, o	or county)	(5	itate)			
Burial De	ec.5.1961	Fort Linco	ln Cemet				rvla	nd			
23. FUNERAL DIRECTOR'S SIGN	ATURE	ADDRESS		4a. REC'D BY REGIS		TRAR'S SIGN		7313			
HOLLOWAY & (COMPANY SA	ALISBURY. MAI	RYTAND	ATENEC 5 16	1						



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL

VS A15 (4)

1SM 10/S7

F2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		14650		CERT	IFIC/	ATE OF DEATH	1		Reg. Dist	No. 4	616
1. PLACE (OF DEATH NTY W1	comico		MARY	YLAND	2. USUAL RESIDENCE (WHO STATE Mary			Residence		nission)
b. CITY RURA	L ond give ne	outside corporate lin grest town) 115bury	ils, write	c, LENGTH OF STAY	' IN 16	c. CITY OR TOWN (II o	olside corpor	ole limits, write RUI	RAL and giv	ve negresi ic	iwn)
d. NAM OR II	nstitution -	AL (If not in hospitol, n.Gen. Ho	-			d. STREET ADDRESS R.D.#	# 3			ON	RESIDENCE
3. NAME (DECEAS (Type or	ED	**	GIE	Middle ELIZA		PARKER	4. DATE OF DEATH	Month DECEMBE		Doy 7th	Yeor 19 61
s. sex Fen	nale	6. COLOR OR RACE White	7. MARRIE	DIVORCE		B. DATE OF BIRTH August 26,]	1909		Months 1	YEAR IF UN	IDER 24 HRS
Ho	use W	Ork at H	0]	None	OR INDUS	Pittsvill			12 CITIZ		AT COUNTRY
-	orge	M.Timmon	S			Sarah E.F	arson				
YHE DO OF W		NUS ARMED FO	RCES? 16 SC	OCIAL SECURITY NO). III	Marion Par Salisbury	rker(I	Husbañd) rvland	R.D.	#3	
18. C/		TH (Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (110.	for (a), (b), and (c).		illation				INTERVAL ONSET AN	ID DEATH
Cond	2 11 ditions, if on rise to in	smediate (Poe	ulolup	upo	allingalter	w			1 mus	th?
lying	(a), stating t	he under-) Mas	labsorph	Lin	etiology e	Relevi			?	
PiCATION .						NOT RELATED TO THE TERMIN			I IN PART I	PER	S AUTOPSY FORMED?
OR CO	HER, NOTIFY	S UNDERLYING CAUSE OF DEATH WEDICAL EXAMINER). (Enter nature of injury in P					
	AE OF INJURY lour a. m. p. m.	Month, Day, Ye	or 20d. INJ White of work [Not white of work	20e. PL/ foo	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (Cily	or town)	[Co	uniy)	(Stote)
21. I alive	1.0	Discovers	,				M, fram	eel, city ar town, sta	d an the	date sta	ited abave
PHYSIC NAME	IAN'S DI	r.Joseph	C.F:	itzgeral	<u>) </u>	v.o. 707 Cam Salisbur	den A	aryland	nec	- 8Th	/1961
	CREMATION	Dec.9,1		22c. NAME OF CEMINATE OF CEMIN		crematory morial Par		ON (City, town, or		ylan	ate)
	OWAY	SIGNATURE & COMPAN	Y SA	ADORESS LISBURY	. MAE		BY REGISTR	AR 246 REGISTE	RAR S SIGN	ATURE	



ompletely! In by the funeral re-n papers. Fax (%) and 2 should tin /2 hours after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after IO HOSPITAL. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed as death. P. may be retained by the hospital or attending physician.

Yellow FUNERAD DIRECTOR: After this certificate has been signed by the attending physician and completely if a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages.

Defined with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14617

ì	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before edmission)
4	•. COUNTY WICOMICO MARYLAND	- STATE b. COUNTY DAMES
	b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16	CCTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
,	SALLS BUSY 3 hrs 25 mi	X Alex Prope
.3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give signer address,	d. STREET ADDRESS I . IS RESIDENCE
1	Pralies da Ca 14-to	ON A FARM?
П	3. NAME OF FISH	Lesi 4. DATE Month Day Year
	DECEASED / //	To - I OF
	(Type or print) John Wesley	PRICE DEATH DECEMber 25, 1961
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS, last birthday) Months Days Mours Min.
	MALE NEORO WIDOWED DIVORCED	4-3-86 75- yrs 1 months
	10e. USUAL OCCUPATION (Give Kind of work 10b. KIND OF BUSINESS OR INDUS done bering most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State or foreign country) 12. CTIZEN OF WHAT COUNTRY?
	Lelar mine	Weal Creek. US.13
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO 17	INFORMANT // Address
	(Yes, no, or unhown) (lives a vewerordeles of service)	atili Dale -
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c),	I INTERVA, BETWEEN
	PART I. DEA H WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (at flinglette) I me	Carpelles / ally-
	5 O DUE TO A !!	01/-
	Conditions, if any, which	Ula College 10
	geve rise to immediate cause (e), stating the underlying DUE TO	
	ceuse lest. (c)	
,	PART II., OTHER SIGNIF. CANT COND TIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0) 19. WAS AUTOPSY PERFORMED?
	THE STATE OF THE S	YES NO
		ED. (Enter neture of injury in Part L or Pert L of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. P	LACE OF INJURY (Home, ferm, 201, (City or town) (County) (Slete)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED , 20e. P Hour e m. p.m. 19 el work al work	actory, street, office bldg , etc.)
	21. I certify that (I) (this hospita) attended the deceased from	2 / ARL 196/, to 7 (ARL, 19.6./, that (I) (we) last
		at death occured at 5M, from the causes and on the date stated above.
	saw the deceased alive on	22b. DATE
	SIGNATURE SIGNAT	ATTENDING MED. STAFF
	22c. PHYSICIAN SV	M.D PHIS. DIRECTOR PHIS.
	NAME TYPE A SUPER	652-6/myly Califring n. 6
	- PARITI	Y OR CREMATORY 23d, LOCATION (City, town or country) (State)
	238 JURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	230. ESCAPION (CITY, TOWN OF COUNTY)
	Normal. 12-07-61 Hera Ci	up an sof cres mi
	24 FUNEDAS DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
	Horker IIT Weel,	DATE JAN 4 '04 C' CLUM A. THOMA



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1465

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-6.5	KESEMKELL	MIND	ILE CO.	MN3,	201	****	PKLS	1011
>	(ERT	IFIC	ATE	0	F D	EA	TH

14618

	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admiss on)
1	a. COUNTY
)	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. C. IY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
/	write RURAL and give neerast town)
	JALIS BURY SELBY LIVE 46 X 3
2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
Supp	PENINSULA GENERAL HOSPITAL
_	3. NAME OF First Midd e Lest 4. DATE Month Dey Year OF
	(Type or print) LOITH MAF RELVE DEATH DECEMBER 271961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours FUNDER 1 YEAR IF UNDER 24 HRS.
	Last bythdey) Months Days Hours Min.
	FEMALE WILLE WIDOWED DIVORCED WILL TO 1801 14 VIS.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Man (Variety)
	13. FATHER'S NAME
	the state of the s
	Smuch Parcell Georgeonnas Jaken
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unknown) (If yes give wer or deles of service) 137-22-0 in mol 1 m um land 5. It is it.
	T 18. CAUSE OF DEATH (Enter only one cause ear line for .e). (b) and (c) '
	ONSET AND DEATH
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Conteny Mornibases 24 legan
	DUE TO DUE TO COME OF THE STATE OF THE MANNERS
	Conditions, if any, which
	geve rise to immediate causo (a), stating the underlying DUE TO
	could last.
	Z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
£.	PERFORMED)
	₹ YES NO P
	20b. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of 'n'ury in Pert I or Pert II of Item IB.)
	OR CONTRIBUTING (CAUSE OF DEATH) Up (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, (arm, 20f. (City or town) (County) (State) Hour a.m. (State)
	Hour a.m. P.m. 19 el work al
	21. I certify that (I) (this hospital) attended the deceased from 12/26, 1961, to 17/27, 1961, that (I) (we) last
	1911
	saw the deceased alive on
	226. S GOMANURE ATTENDING MED. STAFF 22b. DATE SIGNED
	A Creed & Delease MD. PHYS. DIRECTOR PHYS.
3	22c. PHYSICIAN'S 22d. ADDRESS
1	NAME (Type)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, fown or county) (Store)
	PEMOVAL (Specify) 12/29/61 tainview Westfield n. V.
	The state of the s
	256. REC'D BY REGISTRAR 258 REGISTRAR'S SIGNATURE
	24 FUNERAL DIRECTORYS SIGNATURE ADDRESS 256. REC'D BY REGISTRAR'S SIGNATURE DEC 2 9 '61 Union S. Thomas

funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 5. 4 may be retained by the hospital or attending physician. 5. 4 may be retained by the hospital or attending physician. 5. 7 TO PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event within 72 hours after deather.



DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where decessed tived, If institution, Residence before edm.ssion) e. COUNTY : **b.** COUNTY le icamic the d MARYLAND Wiconico b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURA, end give necres) town) c LENGTH OF STAY IN 16 þ ALISBURG ISBURL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) . IS RESIDENCE ON A FARM? YES NO Y 3. NAME OF DATE OF [Type or print] DEATH DECEMBER MAE 5 19 (c.) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. AGE (In years IF UNDER 24 HRS. last birthday) and Months DIVORCED T Feb. 42 yrs. WIDOWED [1919 10e. USUAL OCCUPATION [G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stets, or fore an country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House Work at Home None St. Marys West Virginia Hal Powell Florence Shultz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT George A. Rhoads (Husband) #92 Mapleway (Yes, no, or unkown), (If yes give we ror detection service) No Salisbury, Maryland 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 12 mo arcenimalises. IMMEDIATE CAUSE (a) DUE TO Carcenoma of Breast. Conditions, if any, which gave tise to immediate cause DUE TO (e), stating the underlying couse last. certificate f PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110-11 19. WAS AUTOPSY PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) After this HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY Home, farm, 20f. (City or town) [County] factory, street, office bldg., etc.) Not While Hour a.m. at work et work DIRECTOR: 21. I certify that (1) (this hospital) attended the deceased from April 1961, 10.15/284 1961, that (I) (+vo) last saw the deceased alive on 15 DEC 22b. DATE ATTENDING STAFF DIRECTOR PHYS. PHYS. FUNEARL 22d. ADDRESS PHYSICIAN Joseph C.Fitzgerald Salisbury Maryland rector, 23d. LOCATION (City, town or county) 236. BURIAL, CREMATION, 236 DATE THEREOF 1230 NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) P 4 OF Spring Hill Mem Gardens ardens Salisbury, Maryland
25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAYURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 HOLLOWAY & COMPANY DAT DEC 1 9 '61 SALTSBURY MARYLAND July 8 1

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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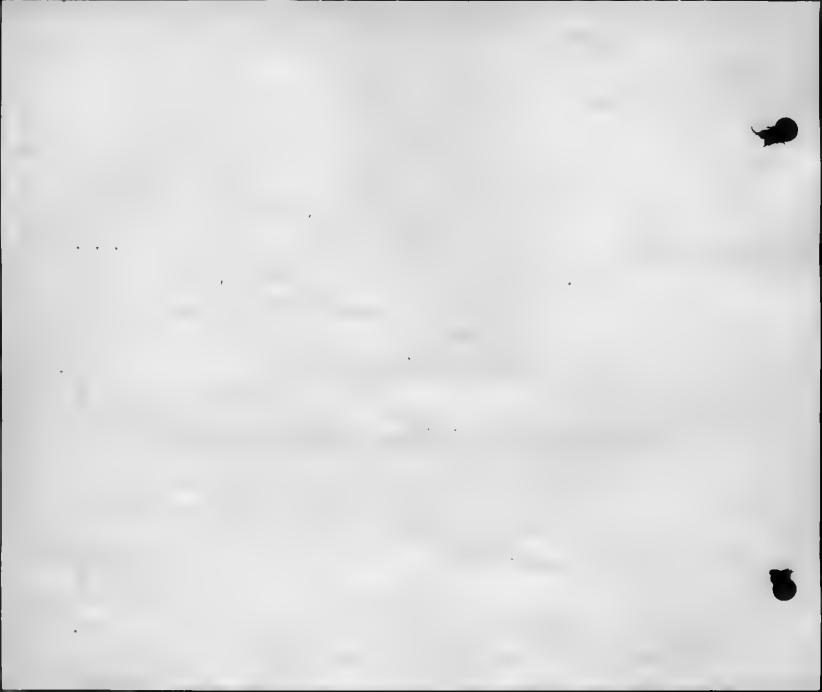
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 1. PLACE OF DEATH a. COUNTY DECEMBER DECEMBER
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21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE CELLS (A SESISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S P. Philip A. INSLEY Address (Street, city, town, or county)
BUPIA 12-19-1961 PARSONS CEMETERY SALISBURY, MARYLAND
23. FUNERAL DIRECTOR JADDRESS JAR REGISTRAR'S SIGNATURE
S. AISME HILL & Johnson Salisbury, Md / DEC 20'61 Cally d. Flouds
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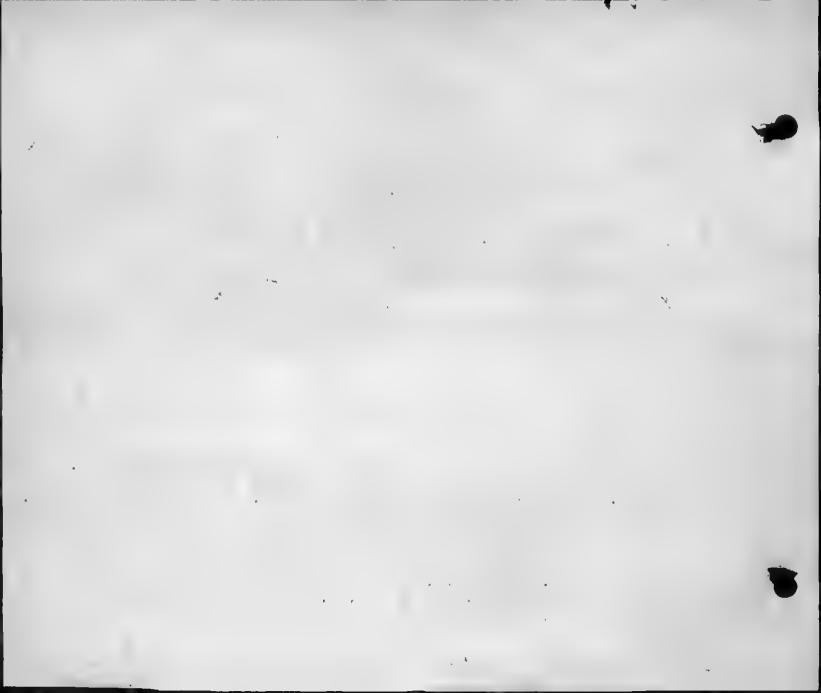
OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, finstilution; Residence before admission e. COUNTY b. COUNTY WICOMICO MARYLAND WICC. HILL b. CITY OR TOWN (if outside corporate limits, c. C.TY OR TOWN (If outside corporeta limits, write RURAL and give necrest town) E LENGTH OF STAY IN 16 Antice. d. NAME OF HOSPITAL OR INSTIBUTION ('Fino. in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO X 3. NAME OF 4. DATE DECEASED OF (Type or print) E11 = 11 25 1961 DEATH -HILLEC TEN EMAS D 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years of UNDERT YEAR IF UNDER 24 HRS. lest birthdey) Months DIVORCED July 30,1895 WIDOWED -10a, USUAL OCCUPATION (Give kind of work I 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Marvland Domestic

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph F. Price Florence 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give we rordeles of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) essential Impertension Conditions, if any, which geve risa to immediate causa DUE TO (a), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF IN IN MART 1(0) 1 19. WAS AUTOPSY PERFORMED? 20b DESCRIBE HOW INJURY OCCURED. (Enter noture of referry in Part I or Pert I, of I tem IB/ 200. ACCIDINT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work 1 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from.... ..., and that death occured at J. Jan. M., from the causes and on the date stated above saw the deceased alive on ATTENDING DIRECTOR HYSICIAN'S 22d. ADDRESS NAME (Type) 1 23d. LOCATION (City, town or county) (State) 236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Salisbury Green Acres ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



LARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RES **BALTIMORE 1. MARYLAND** FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) Page . COUNTY Health e. STATE b. COUNTY Wicomico Worcester Files. MARYLAND ector. b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m'ts, write RURAL end give nearest town) write RURAL and give nearest town) 70 Salisbury Pocomoke d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State Bo Moore' Peninsula General Hospital -Hotel YES NO 3 NAME OF Midd.e 4. DATE DECEASED and 3 to the OF the Smith 12-16-61 (Type or print) Dorothy Lou DEATH after 19 2 with th 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. s 1, 2, and 3 age 5 may Tand 2 wit 72 hours a 131 Sirthday) Hours Min WIDOWED DIVORCED EDICAL EXAMINER: This certificate should be executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Patate of 12. CITIZEN OF WHAT COUNTRY? " in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) Pagged 5 13 FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no h unkown) (Ifyesgive war or dates of service) NIERVAL BETWEEN 18. CAUSE OF DEATH [finier only one cause per line for (e), (b), end (c). .5 burial-fransit Sudden PART I. DEATH WAS CAUSED BY and Fractured cervical IMMEDIATE CAUSE (e) DUE TO removal. Conditions, if env. which (b) "pending" geve rise to immediate cause (EDICAL EXAMING the word "pending" the certificate, writing the word "pending" m DUE TO (a), stating the underlying SE cause lest. be used PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED. cremation, CERTIFICATION NO of the certification of the Chief Medical forwarded to the Chief Medical L. DIRECTOR: Page 3 should be Directly of the Chief C 200. EXTERNAL CAUSE WAS PRIMARY 1 or CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of ilem 18.) CAUSE OF DEATH. in car involved in two collision. car 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office bldg., etc.) AEDIC Not While et work 2-16-6 Work Dunn s Swamp Rd. Pocomoke Wordester Md . should be forwarded to the FUNERAL, DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident X Suicide Homicide Undetermined manner Nataral causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEF 8928 22a_BURIAL, CREMATION 22d_LOCATION (City, town, or country) 1State) REMOVAL (Spouly) 0 240 Ь 24e. REC'D BY REGISTRAR I 246 REGISTRAR'S SIGNATURE VS. AISME Cillun S. Thomas 5M 7/59





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 14625 16650 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY, o STATE **b** COUNTY MARYLAND 180 m100 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest, town) SALISBUR d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE OF Month Day Year DECEASED Pages death (Type or print) EYERIV DEATH 19 SEX MARRIED | NEVER MARRIED | B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours Dovs DIVORCED [WIDOWED 🗷 yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANI Address CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Tive Cardiovascular Disease Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or lawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while of work al work 12-27, 1961, that (1) (we) last 2) I certify that (1) (thes haspite) attended the deceased fram... 1961 , and that death accurred at 10 2 All from the causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE ATTENDING / SIGNED STAFF M.D. DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Ò page 3 sh the State (23a. BURIAL, CREMATION DATE THEREOF CEMETERY OR CREMATORY 23d LOCATION (City town, or county) (State) PREMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Clothur & Hrana EUNERAL HUME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			14660	**	CERTIFI	CA	TE OF D	EATH			Reg. Dist.	No.146	26
}		LACE OF DEATH	omico		MARYLA	VD OV	2 USUAL RESID	Mary.	ere deceased lived	b. COUNTY		before admissi OM1CO	on]
,	b	RURAL and give ngo	outside corporate limits, irest lawn) 1 SOUPY	write c. LENG	OTH OF STAY IN	1Ь			Bhury	mits, write RUI	RAL and give	nearest lawn	
	đ	OR INSTITUTION	t (If not in hospital, give den Ave.E	street address)	Clyde	A	d STREET A		en Ave.	Ext		e. IS RESI ON A YES	FARM?
	D	IAME OF DECEASED Type or print)	DAVID		MILLIAM MILLIAM		THOMAS	SR	4. DATE OF DEATH	DECE!	MBER	9th	, 61
		Male		(J. D3WOOI)	DIVORCED	<u> </u>	ct. 25	,1875	I	6 yrs.		YEAR IF UNDER	R 24 HRS Min.
	丑	etired b	N (Give kind of work doring life, even if retired) mployee—B	ottlin	F BUSINESS OR II	noust	Phil:	a, Pa	or foreign country)	U S	A A	COUNTRY
		ATHER'S NAME					14. MOTHER'S						
		ohn Thom		- l				n Har					
	(Yes,		IN U. S. ARMED FORCE yes, give wor or dates of servi		SECURITY NO.	irs	Carro Ext.	ll E. Salis	Larmor sbury, M	e(D常覧 arylai	hter nd	·) Camde	en A
			H [Enter only one coust	per line for (a)), (b), ond (c)]			-	→ ¬	,		INTERVAL BET	WEEN DEATH
		I m m	H WAS CAUSED 8Y: IMMEDIATE CAUSE (6)	Care	enom	a	nela	slav	hi 60 -	leves		14	cur
			DUE TO	00	21			-				3	
		Canditions, if on gove rise to im	mediate (Ca	1	400	1714	u				3 (4	20.
		tying cause lost.	(c)		0 0							V	
>	CERTIFICATION	PART II OTHE	R SIGNIFICANT CONDIT	TONS CONTRIBI	UTING TO DEATH	BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE CON	IDITION GIVEN	N IN PART 1	(a) 19. WAS A PERFOR	UTOPSY RMED?
		20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING [] 20 I CAUSE OF DEATH MEDICAL EXAMINER)	6. DESCRIBE HO	DOO YRULMI WO	JRRED.	(Enter nature at	injury in Po	art I or Port II of	item 18.)			
	MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Year		CCURRED 200 t while work	focio	E OF INJURY () ry, street, office	lome, form, bldg , etc.)	20f. (City or to	wn)	(Cou	nly)	(Stote)
i		21. I certify the	it I attended the d	eceased from	n_7_/		. 19 6/	. to	12-9	., 19 <i>G.</i>].	that I las	it saw the	deceased
		ative on	2	126/	, and that de	eath c	occurred at.	0:45	M, from the			dote state	d above
		ACTUAL SIGNATURE	George H.	Her	un q	M.	o. Frui		doress (Street, dary		ote)	DA	TE SIGNES
	_		George H.					. 			Dec.	11 /	1961
i	220.	BURIAL, CREMATION REMOVAL (Species)	Dec.12,1		arsons				Salish	City town, or	Maryl	and (State)
		UNERAL DIRECTOR'S			DRESS	A 71.70	T 4 7 7 7	24a. REC'D	BY REGISTRAR	24b. REGIST		ATURE	
4	HO	S YAWOLLI	COMPANY	SALIS	BURY, MA	AHY	LAND	DATE	1 4 '61	- L	1 20 000		



14627

2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY b. COUNTY Wicomico MARYLAND Marvland Wicomico c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Mardela Mardela e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Main Street YES NO Y Main Street 4. DATE NAME OF First Middle Month Year DECEASED MARGARET ELIZABETH ጥጽጠቸጥጥ DEATH DECEMBER (Type or print) 5th 19 B. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | lost birthday) Months Female July 16.1876 White WIDOWED TT DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) House Work at Home R.D.# Mardela. None Mary land 13. FATHER'S NAME Stephen Albert Calloway Pattie Ellen Bailev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. T.Bennett(Daughter) No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY CU1 IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which (b) gave rise to immediate DUE TO couse (o), stoting the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stole) 20d INJURY OCCURRED (County) Doy, Year factory, street, office bldg., etc.) Hour p. m. While Not while of work at work p. m. 1250 196/_, that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased fram 1961, and that death accurred 3: 15A, offen the causes and on the date stated above saw the deceased alive an 22a, SIGNATURE 226 DATE SIGNED DIRECTOR -PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Dr.H.S.Kuhlman Sharptwon. Maryland 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State) REMOVAL (Specify) Mardela Cemeterv Mardela Maryland 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR SALISBURY, MARYLAND DATE DEC 1 9 '61 HOLLOWAY & COMPANY - Thung S. Flowers

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 2 Film G505 USUAL RESIDENCE (Where daceased I ved, If institution, Residence before admission) 1. PLACE OF DEATH Wicomico b. COUNTY Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporata limits, write RURAL and give nagrast town) Salisbury Bivalve d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Springhill NAME OF THE Sanitarium DATE Middle Month DECEASED OF (Type or print) F. 1961. DEATH Jennie Turner 6 COLOR OR RACE 17. MARRIED NEVER MARRIED AGE (In years | IF JNDER | YEAR IF UNDER 24 HRS. DATE OF BIRTH lest birthday) Months Female WIDOWED 19 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or fore on country) dona during most of working life, even if retired) Housewife U.S. New Jersev 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Thompson Rebecca ? 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMAN Address (Yes, no, or unknwn) i (Ifvesgivewerordatesofservice) C.G.Messick, Bivalve, Md. 18. CAUSE OF DEATH (Enter only one cause per line for INTERVAL BETWEEN ONSET AND DEATH IMMED, ATE CAUSE (e) eralized arterio selevosis DUE TO DUE TO (e), stelling the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCR 8E HOW INJURY OCCURED (Enter neture of injury in Pert Lor Part Lot tem 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, ferm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day Year (County) factory, street, office bldg., etc.) While Not While Hour n.m. et work p.m. 16 1, that (1) (we) last attended_the deceased from 21. certify that (I) (this hospifal) saw find deceased alive ATTENDING. PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSIC AN'S FUNERA NAME (Type) Maryland Salisbury, Md. filed v death. 23d. LOCATION (City, town or county) 23a. BUR AL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 훈륨 St. Marys 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Princess Anne, Md. DATSAN 10 1SM 9/60



FOR STATE	14663 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14628
IEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution Residence before admission) a. COUNTY
r Page files. Health,	W1comico Maryland Maryla
or your	write RURAL and give necrest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. Salisbury d. Salisbury d. Salisbury d. Salisbury d. Salisbury
e funer fained State B State B	D.O.A. Pen Gen Hospital J. Name of Deceased Modele J. Day
3 to the safe of safe	(Typa or print) PHYLLIS KAY TYNDALL 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Inst b rihdey) Months Deys Hours Min.
1, 2, and	Female White widowed Divorced August 19,1961 0 yrs. 3 20 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4 hours Pages M3. Pa sages 1 vijhin 7	Xt None None Salisbury, Maryland USA
Mithin 2 18. Give form Pl ii. File p	William Howard Tyndall Doris Lorraine Stubbs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT H. Tyndall (Bather) 150 Clyde (Yas, no. or unkown) (Ifyasısı vawarordalasofservica)
uted v Item 1 with perm	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. WILLiam H. Tyndall (Bather) 150 Clyde No None Avenue - Salisbury, Maryland INTERVAL BETWEEN
o exection of a solution of the solution of th	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Suffocation Sudden
in per in per Office burial-	Conditions, if any, which (b)
nding" iner's dasa or res	gave rise to immediate cause (a), starting the underlying Cause last (c)
s cert fic ord "per al Exam be used mation,	The same of the sa
g the wife Medic	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter negative of injury in Part I or Part II of 11em 18) Face down in Bassinette
AMIN writin e Chie Page 2 to bu	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e PLACE OF INJURY (Home, farm, factory, streel, offica bldg., atc.) 11:30 xm 12/8 19 61 at work at
NI. EX ificate, I to the TOR: 7, prior	21. I certify that I took charge of the remains described above, he d an Autopsy X. Inspection X. Inquiry X. and in my opinion
DICA ne cert vardec NREC agent	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .
All De form	ACTUAL SIGNATURE Dr. Earl L. Royer Deputy Medical examiner Dec. // /1967
Se ex se ex could UNE s des	EXAMINER'S 107 Camden Ave Salisbury Md Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0	Burial Dec. 12, 1961 Wicomico Mem. Park Salisbury, Maryland 23. FUNERAL DIRECTOR ADDRESS 1248. REC'D BY REGISTRAR 1246. REGISTRAR'S SIGNATURE
VS. AISME TEN	HOLLOWAY & COMPANY SALISBURY, MARYLAND DAREC 14'61 ('7 & Kana
SM 9/60	2082 24 LXV2.
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Items 18-21 Film 303 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14664	*	CERTIFICAT	E OF DEATH		14629
1. PLACE OF DEATH				CE (Where decessed lived, if Inc.	stitution: Residanca before admission)
Wicomico		MARYLAND	a. STATE Mary	land	Talbot ''
b. CITY OR TOWN (if outside corp write RURAL and give necess)	orata limits, town)	c. LENGTH OF STAY IN 16		If outside corporate limits, write i	RURAL and give nearest town)
Salisbury d. NAME OF HOSPITAL OR INSTITUTE	TUTION of eat in hor	LessThanlDay	St.	Michaels	a. IS RESIDENCE
			d SIKEEI ADDKESS		ON A FARM? YES NO X
3. NAME OF	ead State	Widgle Widgle	Last	4. DATE Month	Day Year
DECEASED (Type or print)	Marv	Ann	Wales	Decemb	er 7 1967
5. SEX 6. COLOR C			. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS.
Female Whit		D NORCED	October 25.	- 0/2 2/ 1	Months Deys Hours Min.
10a. USUA. OCCUPATION (Give kin done during most of working life, eve	d of work 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BRTHPLACE (Cour	ity & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unk.		Unk.	Mary		U. S. A.
IS. PATREES NAME			14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN U.S. AR	Jhaplain MED FORCES? 16.	SOCIAL SECURITY NO. 17. 1		thy Rowles	
(Yes, no, or unkown) (Ifyesgivawero	r dates of service)			cords Salish	ourv. Maryland
18. CAUSE OF DEATH Enter	only one cause per l	ina for (a), (b) and (c).]	1 1 7	1/	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS		gestice He	earl Ta	elure.	1mm/L
750.0	DUE TO	1 1	10-6		
Conditions, if eny, which	(b) (d)	uraly d	Urterio	Achirosis"	10 yrs.
(a), steting the underlying	DUE TO	U			
Z PART II. OTHER SIGNIFICAN	(c) T CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMS	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICAN	otusi -	- D+ KLi			PERFORMED?
200. ACCIDENT WAS UNDERLY	NG [] 2Db. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Part II of Item 18.)	(in Fig. 197
200. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CI CAUSE OF	AMINER)				
	Day, Year 20d.	4	CE OF INJURY (Home, farr		(County) (State)
¥ p.m.	19 et wor	k at work		*	
21. I certify that (I) (this	7 1		_		, 19, that (I) (we) last
saw the deceased alive o	n, 12/1//		death occured at(M, from the causes a	nd on the date stated above.
228. SIGNATURE	Ta.	.и	ATTENDING PHYS.	DIRECTOR PHYS.	10/7/61 SIGNED
22c. PHYSICIAN'S	dan	7	22d. ADDRESS		16/1/ VI
NAME (Type) Let	e L. Lawry	, M. D.		Salisbury, Mary	land
23a. BURIAL, CREMATION, 23b. D	ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, Iswer	or county) (Stata)
Brund 12.	-9-61	White C	emeley	XX nucka	The wid
24 FUNERAL DIRECTOR'S SIGNATUR	B/a.	ADDRESS	1 1 1	C'D BY REGISTRAR 256. REGI	
117 y and will	1 DAGE	reall. Ma.	LE CLOUDE DATE	DEC 1 3 '61 C	-1 - 1 L' -15

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RYLAND STATE DEPARTMENT OF HEALTH SEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14665 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution, Residence before edmission) a. COUNTY b. COUNTY / WICOMICO MARYLAND MARY - AND WICONICE
c. CITY OR/OWN (If outs da corporete l.mits, write RURAL and give negrest town) b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 1b write RURAL end give naarest town) SALIS BURY
d. NAME OF HOSPITAL ONINSTITUTION (if not in hospitel, give street eddrass) . IS RESIDENCE ON A FARM? GENERAL HOSPITAL 113 NAYLOR , YES NO 3. NAME OF DECEASED HOWARD PRICE WALLER B. DATE OF BIRTH DEATH DECEMBER [Type or print] IF UNDER 24 HRS. last birthday) Months Days DIVORCED | October 17,1884. WIDOWED | 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retirad) Retired-Employee-Candy Co. Laurel. Delaware JA FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending Hiram Waller Wilhelmin's Price <u>-</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT T. Waller (Son)P. O. B. #206 hen (Yes, no, or unkown) (Ifyasg.vewerordelesofservice) 18. CAUSE OF DEATH (Enter on y one ceusa per lina for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 74412 **DUE TO** Conditions, if any, which gava rise to immadiate causa DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part I. of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While __Not While Hour a.m. at work et work 22b. DATE 22a SIGNATURE ATTENDING / SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) William B. Smith Salisbury. Maryland death. 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, lown or county) REMOYAL (Spacify) Dec. 3, 1961 Wicomico Memorial Park Salisbury, Maryland ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SALISBURY MARYLAND 15M 9/60 DATDEC 5 Centing S. Thrus



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) e. COUNTY a. STATE **b.** COUNTY director. Pay Wicomico Wicomico Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) your rd of l write RURAL and give neerest town) Salisbury Mardela Springs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strael eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Peninsula General Hospital Route YES NO F death. 3. NAME OF Middle 4. DATE Month Dev Year DECEASED 3 to the OF with the (Type or print) Neil Arthur Warner DEATH 12-31-61 19 8 5 SEX 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 19. AGE (In yours IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthday) Hours and 2 WIDOWED [DIVORCED 6 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done dering most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT in pencil in Hem 18. permit. (Yes, no, or unkown) Alifyasgivewerordalesofservice) ANNEA - MANBERA Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH hours Bullet wound of brain IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if any, which (b) geve rise to immediate cause "pending" (0) DUE TO (a), sletting the underlying cute the certificate, writing the word "pending of forwarded to the Chief Medical Examiner" cause last. cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(8): 19, WAS AUTOPSY PERFORMED? NO K should I 200, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Itam 18.1 PRIMARYNDI or CONTRIBUTING IT CAUSE OF DEATH. Shot in head with gun that was thought to be [200, INJURY OCCURRED_1200, PLACE OF INJURY (Home, form, 200, (C.)) or lown) (County) empty. 20c. TIME OF INJURY Month, Dey, Yeer (State) fectory, street, office bldg., etc.) While Not While should be forwarded to the FUNERAL DIRECTOR: Paris designated agent, prior the at work Mardela Md. Own home. Wicomico 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 1 Inquiry X and in my opinion Undetermined manner death resulted from: Natural causes Accident X Suicide Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER Royer _Earl EXAMINER'S NAME (Type) Address (Street, city, town, or county) AVOZZ NAMO LANDA BIZZEMANON 22a, BURIAL, CREMATION, (State) D D EMOVAL (Spacify) g.40 ১ GAINL FLNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME 5M 7/59 Leveling & Thomas



VI AND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY / b. COUNTY Wic Omic O ICOMICO MARYLAND death. b. CITY OR TOWN (if outside corporele limits, c CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give great address) d. STREET ADDRESS ON A FARM? YES NO XX NAME OF 4 DATE Veer Month Day DECEASED OF (Type or print) DEATH 19 B. DATE OF BIRTH AGE (In years IF UNDER EYEAR) IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last birthday) Feb. WIDOWED [DIVORCED T IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Marvland Farmer Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Truitt Goldsboro White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unknown) | (Ifyes give were r detes of service) Powellville. Md. Carrie Jones 1B. CAUSE OF DEATH [Enter only one cause per line for (n), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUETO gave rise to immediate cause DUE TO (a), staling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIO) 19. WAS AUTOPSY PERFORMED? NO 5 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from..... 23 19 . and that death occured at samm, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22e. SIGNATURE ... ATTENDING STAFF SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS NAME (Type) director, l 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BUR AL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Line Church ittsvi 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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physician

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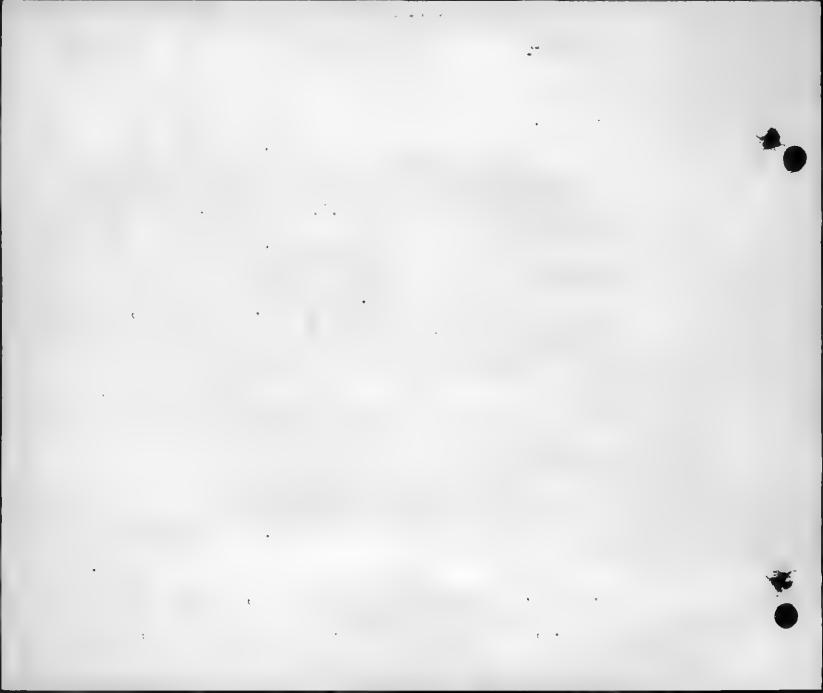
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
000	CEDTIEICATE	OF DEATH	

	<u> </u>		CERTIFIC	CAIL O	DLAII	1		Reg. I	Difft, filer	221	9
1. PLACE OF DEAT	TH			2 USUAL o. STATI	RESIDENCE (Wh	ere deceme			ence befo	re admis	sion)
	icomico		MARYLANI	0. 31411	Marvl	and	P CON	NTY Wic	ome	00	
b CITY OR TO	WN (If outside corporate lim	ils, write	c LENGTH OF STAY IN 1	c. CITY	OR TOWN (If o	utside corpo	rote limits, wri				n)
	alisbury			12	Salis	burv					
d. NAME OF H	OSPITAL (If not in hospital,	give street o	ddress)	/ d STRE	ET ADDRESS					e IS RES	
P	en Gen Hos	ottal			309 E	Loc	ust St	5			FARM?
3 NAME OF DECEASED	F	rst	Middle		Lost	4. DATE		Month	Do		Yeor
(Type or print)	COR	RY	ELWOOD	WILK	INSON	OF DEATH	DE	CEMBE		40	19 61
5 SEX	6 COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In ye	ors IF UNDE			ER 24 HRS.
Male	White	WIDOWE	DIVORCED	Jan.	5. 1899)	9. AGE (In yellost birthdo	yrs Months	Days	Hours	Man
10a. USUAL OCCU	PATION (Give kind of work f working life, even if retired	done 10b. 1	(IND OF BUSINESS OR IN						ITIZEN O	F WHAT	COUNTRY
Machan	de - Atto	3,	Repair	Cam	bridge	. Ma:	rvland	Į l	US	A	
13. FATHER'S NAM	E				ER'S MAIDEN N						
George	Wilkinson			Emm	a Jone	S					
15. WAS DECEASE (Yes, no or unknown)	DEVER IN U.S. ARMED FO			rs. Sar	sh Ann	o 1/4	l lei n ne	Address	'als	00 1	Toat
No				Lo	cust S	t		bury.			nd of
1 1	F DEATH [Enter only one of	ouse per line	e for (o), (b), and (c)		1				INTE	RVAL BE	TWEEN
PARTI	DEATH WAS CAUSED BY:	0]	M PULL	and	le.				1		مر الشاكل
<u> </u>	DUE TO	0	1.	0							
	if any, which	b) All	muzary	CM.	My2	em	1		1/3	41.	
	to immediate DUE TO	2/			0				/		
lying couse		c)									
PART II	OTHER SIGNIFICANT CON	NDITIONS CO	DINTRIBUTING TO DEATH E	UT NOT RELATE	10 THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN PA	RT 1(o) 1	9 WAS	AUTOPSY RMED?
<u> </u>	<u> </u>	,									NO 🛛
OR CONTRIBU	IT WAS UNDERLYING ITING CAUSE OF DEATH	20b DESC	RIBE HOW INJURY OCCUP	RED (Enter notu	re of injury in P	art I ar Por	I II of item 18.)				
	OTIFY MEDICAL EXAMINER)	N/									
	NJURY Month, Day, Ye	or 20d, IN While	JURY OCCURRED 20e. Not while	PLACE OF INJU factory, street, of	RY (Home, form, iffice bldg., etc.)	20f. (City	or town)		(County)		(Stole)
A b	, m. 19	at work	of work								
21. I certif	what I attended the	e decease		, 199	/, to	Nec	5 , 16	L.,that I	last so	w the	decease
alive on	K., 5	₇₄ , 12	and that dec	th accurred	.9:30P	M, fran	n the cause	s and an	the do	le state	ed above
X//	21/1/11/11/11	0/13	11/2				reet, city or to				ATE SIGNE
SIGNATURE	27266 /=	CELL	rice -	M.DM	arylan	d Av	9		Dec	. 6	/196
PHYSICIAN'S	D- F-5 T	Deer	3.3	Q	- 2 - 1	T/T					
NAME (Type)			dsley'		alisbu						
220. BURIAL, CREM REMOVAL (Spe BUT)	acifyl		22c. NAME OF CEMETERY		1		TION (City, tov			(Stote	
		T39P		I Mem.			Salish				Ł
23. FUNERAL DIREC		IF CLA	ADDRESS	TOTAL A STA	" d t	BY REGIST	KAR 24b R	EGISTRAR'S S	IGNATUR	E. A	
HOLLOWA	I OC CUMPAN	Y SA	LISBURY MA	KYLAND	DATE		1				



s offer death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14669 CERTIFICATE OF DEATH

Para Diet No	14633
Pag. Dist. Na	

1. PLACE OF DEATH o. COUNTY Wicom:	lco	MARYLAND	2. USUAL REST	DENCE (Where deced	sed lived If institution b COUNTY	Wickinia	e admission)
b. CITY OR TOWN (If outside RURAL and give neorest tow Salis)	corporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside con	parote limits, write R	JRAL and give near	rest town)
d NAME OF HOSPITAL (IF not		ess)	d. STREET	ADDRESS	ion St.		IS RESIDENCE ON A FARM?Y YES NO
3. NAME OF DECEASED (Type or print) C	First LAUDE RI	Middle CHARDSON	WILLIN	O.E.	мол н DECE		st 19 61.
	TOR OR RACE 7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRT		9. AGE (In years less birthday) of yrs.	Months Days	Hours Min
10a. USUAL OCCUPATION (Give during most of working life, e Route Salesma	kind of work done 10b KINI even if retired) an for News	paper Co.	USTRY 11 BIRTHP		country) aryland	US A	WHAT COUNTRY
13. FATHER'S NAME (Dece Claude Richs	eased) ardson Will	ing Sr.	14. MOTHER'S	ie Rebeci	ceased)		
15 WAS DECEASED EVER IN U S IVes, no or unknown) If yes, give	ARMED FORCES? 16. SOC	IAL SECURITY NO TY	rs Esth	er C.Wili	ling(With	ë)Fruit! Salisbu	Land Md.
PART I. DEATH WAS	cause per line for CAUSED BY	(a). (b). and (c).]	, Oee	en (/	FINTER	RVAL BETWEEN
42113 Conditions, if any, which	DUE TO	Interior	Selen	tiljer	ut Dasi	me 12	
gave rise to immediate cause (a), stating the under lying cause last.	DUE TO					0	
PART II OTHER SIGNI	FICANT CONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEA	ASE CONDITION GIVE		PERFORMED?
	LYING TE 206. DESCRIBE EXAMINER)	HOW INJURY OCCURE	ED (Enter nature o	f injury in Port C or Pr	ort II of item 18.)		
20c. TIME OF INJURY Month Hour o. m. p. m.	Doy, Year 20d, INJUR While 19 at work	Y OCCURRED 20e. If Not while of work	LACE OF INJURY (actory, street, affic	Home, form, 20f. (Ci bldg., etc.)	ity or town)	(County)	(State)
21. I certify that I att alive an	ended the deceased f	from	h accurred		m the causes a	nd an the date	w the deceased abave.
ACTUAL EU	Il h	~	м. 407	Camden A	Street, city or town, s		. 2,1961
PHYSICIAN'S Dr. Ea		7		sbury, M			
	c.4,1961 W	NAME OF CEMETERY OF CEMETERY OF MICOTAL OF M		Park Park	ATION (City, town, o Salisbur	y, Mary	land
23. FUNERAL DIRECTOR'S SIGNAT		ADDRESS SBURY MAR	YLAND	24a. REC'D BY REGI		TRAR'S SIGNATURE	

VS A15 (4) 15M 10/57

by the haspital or attending physician.

CTOR: After this merifimate has been signed by the attending physician and cample by filled in the detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and the burial, cremation, or removal, and in any event within 72 haurs ofter death.



FOR STATE HEALTH-DEPT

really. is necessary, files

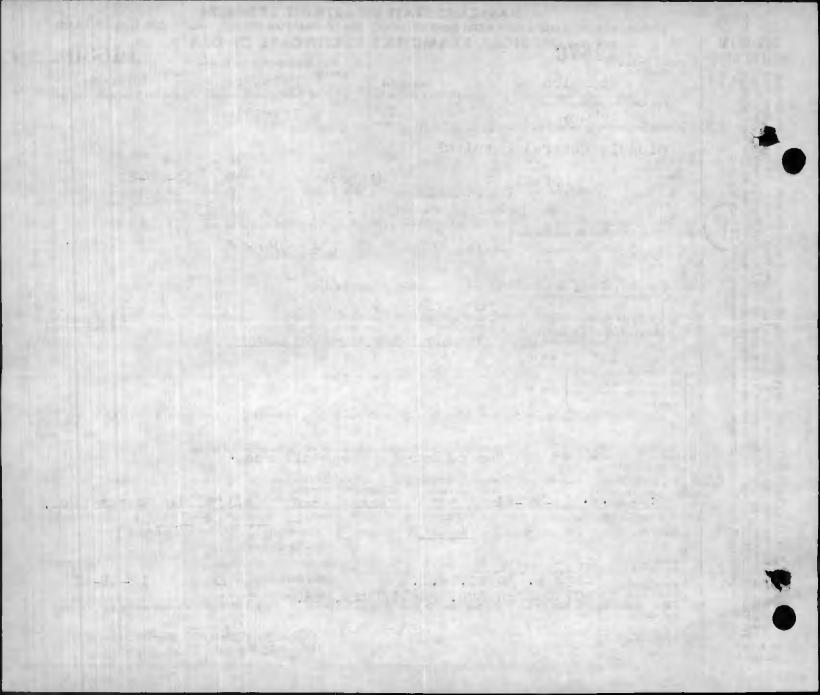
To LEUX. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necroplease execut the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune investor 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ALSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TAGROMEDICAL EXAMINER'S CERTIFICATE OF DEATH

	40715							
1. PLACE OF DEATH					ICE (Whare daces	sad livad, If instituti	on: Residence	e before edinission)
	comico	MARY		STATE Del	laware	b. COUNTY S	ussex	× /
b. CITY OR TOWN (IF	outside corporata limi giva nearest town)	is, c. LENGTH OF STA	Y IN 1b c.	CITY OR TOWN	(If oulside corporat	a limits, writa RURA	L and giva n	naarest lown)
Salis			37.9	Selbi	vville	4	LLY	-3
		f not in hospital, give street addre	ass) d.	STREET ADDRESS			FOA	I . IS RESIDENCE
								ON A FARM?
Peninsula J. Name or	a General	. Hospital	11	1.1		14 31		YES NO
DECEASED	FIRST	Middla		Lasi	4. DATE	Month	Day	Year
(Type or print)	Rober		Wimbr	OW	DEATH	12-20-	61	19
5. SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIE	B. DATE	OF BIRTH		GE (In years IF UND		IF UNDER 24 HRS.
M	W	WIDOWED DIVORCE	MAY	1-25-1		23 yrs. Month	ns Days	Hours Min.
10a. USUAL OCCUPATION					or foraign country		CITIZEN OF	WHAT COUNTRY?
done during most of work		- may		n=			210	- 1
LABOR =		DUPONTS	1 14 24	OTHER'S MAIDEN	VARE		4,3	. A.
1								
WALTER	WIM	BROW	1 /	OLTA	14 101	CMAN		
(Yas, no, or unkown) (If		CES? 16. SOCIAL SECURITY NO	-			Address		
(,,		222-24-579	5 PEGGY	JEAN W	VIMARO	W-SELB	YVILL	LE DEL
18. CAUSE OF DE	ATH (Enlar only ona	cause par line for (a), (b), and (c).]				INTE	ERVAL BETWEEN
	WAS CAUSED BY	Commound	facatur	as of a	1was 7 7		ON	SET AND DEATH
819.	MMEDIATE CAUSE (a)	Compound	Tuscrin	e or s	KULL			3 hours
000	DUE TO							
Conditions, if eny,								
(a), stating the un	PURE TO							
causa lost.	(c)							
PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEAT	H BUT NOT RELAT	ED TO THE TERMI	INAL DISEASE COL	NDITION GIVEN IN F	PART (a) 19	
MTA.							Y	PERFORMED?
20a, EXTERNAL CAL	JSE WAS 2	06. DESCRIBE HOW INJURY OC	CURED. (Entar natu	ura of Injury in Pa	ort I or Part II of ile	m (B.)		2 1 "251
PART II. OTHER 20a. EXTERNAL CAI PRIMARY A or CON CAUSE OF DEATH.		ob. DESCRIBE HOW INJURY OC PIVER OF CAP	that r	an off	road.			
~	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate)							
6:10 P	M. 12-00	While Not While	Perris			ville Su	9903	Dol
Prince		I the remains described ab			Inspection 3			in my opinion
	om: Natural ca		Suicide	. Homicide		ermined manner		in my opinion
death resulted in	om: Natural ca	uses Accident X	201CIO6	,	_	ermined manner		
	12 0.	R		CHIEF MEDICAL	EXAMINER			
ACTUAL SIGNATURE	and.	VVV	M.D.	ASSISTANT ME	DICAL EXAMINER		Di	ATE SIGNED
EKAMINER'S	Earl L.	Royer, M.D.		DEPUTY MEDICA	AL EXAMINER	1:	2-21-	61
NAME (Typa)	407 Cam		lishury	Addries (Street,	city, town, or cou	nty)		
22a. BURIAL, CREMATION			ETERY OR CREMA	TORY		(City, town, or cou	intry)	(State)
B REMOVAL (Specify)	17/43/11	Roxa	10 15	METERY	Roxa	1 DA	= 6.	
23. FUNERAL DIRECTOR	1.0/61	ADDRESS	H COI		C'D BY REGISTRAR	1 24b. REGISTRAR	'S SIGNATU	IRE.
1	1 1	10 1	10.0	D	EC 2 7 '61		S. Har	
Walson +	Dray, Fr	anhford. I	lef.	DATE	40 M 1 7 1	County	A. FULAN	



SPITE OR ATTENDING PHYSICIAM: The law equires that the death certificate be executivithin 24 hours after to the performance of the hospital or attending physician.

OF TO FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely from by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbor-papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

	MIND STATE DEPARTMENT OF	
DIVISION OF STATISTICAL RESEARCE	CH AND RECORDS, 301 W. PRESTON :	STREET, BALTIMORE 1, MARYLAND
14671	CERTIFICATE OF DEATH	STREET, BALTIMORE 1, MARYLAND

2	· sel			-	7 547 1305	7/70/60				-
1		PLACE OF DEATH	I	T OCHI	7 Film 0305	a. STATE	CE (Where deceased live	ed, If institution: Ra	sidence before	admission)
6		Wicomico County MARYLAND			Maryland Dorchester County					
		b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If outside corporate limits	, write RURAL and	give neerest to	vn)	
		write RURAL and give nearest town)			Gale	stown		, ax	2	
	-	Salisbury 111 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)			d. STREET ADDRESS I B. IS RESIDENCE				ESIDENCE	
		Deer's Head State Hospital			ON A FARM? YES NO					
		3. NAME OF First Middle DECEASED		Lesi	Day Yes	ť				
		(Typa or print) Wilmer d.		Windsor	DEATH DEC	ember 2	17 19	61		
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In	years IF UNDER 1 Y		
		Male	White	WIDOWED		MAR 1.1888		yrs. Months De	eys Hours	Min.
	10a	Oa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or I saign country) 12. CITIZEN OF WHAT COUNTRY?							COUNTRY?	
	uoi	done during most of working life, even if relired)			Dorchester County, Md.					
	13.	3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
		Charles T. Windsor				Lovina T	. Wheatley			
			ER IN U.S. ARMED FO		CIAL SECURITY NO. 17. 1	NFORMANT		d dress		
	110	No No	I has a sa met of deter of	selatce)	12	R KOBINT	- WINDSO	L. GALL	STOWA	1. MB
		18. CAUSE OF I	EATH (Enter only on	a cause per ling	for (e), (b), end (c).	1	,		INTERVAL BE	
			H WAS CAUSED BY: IMMEDIATE CAUSE (6)	15/2	mollo	meumo	ma			Cul
		Tour to by the state of the sta								
		Conditions, if any, which ; (b) Securities d arteris solutions 5 1/2								
	geva rise to immediata cause						-/			
		(e), steling the underlying DUE TO								
	z	(V)								
J	CERTIFICATION	Habets Mellities YES NO !						DRMED?		
	THE	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH								
	1.1		MEDICAL EXAMINER							
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) Hour a.m. WhileNot While								
	MEE	p.m. 19 el work at work								
		21. I certify that (I) (This hospital) attended the deceased from Sept. 7, 19.61 to Dec. 27, 1961, that (I) (we) last								
		saw the deceased flive on Dec. 27, 1961, and that death occurred at./M, from the causes and on the date stated above.								
		220. SIGNATURE 22b. DATE								
			red.	da	weel "	active -	DIRECTOR PHYS.	X	Dec. 2	7, SIGNED 6.
		22c. PHYSICIAN'S Deer's Head State Hospital								
		NAME (Type) Lee L. Lawry, M.D/ Salisbury, Maryland								
	23a	BE BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)							itala)	
	1	SURIAL	1/2-30	1-61	GALESTON	1 74	19ALES	TOWN,	11/231	
	24	FUNERAL DIRECTO		Home	ADDRESS AND T	news . m 25a. REC	C'D BY REGISTRAR 25	b. REGISTRAR'S SI		
1		371117	FUNERAL	10.011/2	- CHITTIE	DATE	AN 4 '62	Commit A.	/ USBANA	
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